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ABSTRACT

This issue of "The Future of Children" focuses on the daily care of infants and toddlers in the United States, including shifting caregiving arrangement for children younger than 3 years, developmental needs of infants and toddlers, findings of recent child care studies, public opinion regarding child care, and recent innovations seeking to improve infant/toddler care. The articles are: (1) "Caring for Infants and Toddlers: Analysis and Recommendations" (Mary Larner, Richard E. Behrman, Marie Young, and Kathleen Reich; (2) "Development in the First Years of Life" (Ross A. Thompson); (3) "Child Care and Our Youngest Children" (Deborah Phillips and Gina Adams); (4) "Caring for Our Youngest: Public Attitudes in the United States" (Kathleen Sylvester); (5) "Employer Supports for Parents with Young Children" (Dana E. Friedman); (6) "Federal and State Efforts To Improve Care for Infants and Toddlers" (Jane Knitzer); and (7) "International Policies toward Parental Leave and Child Care" (Jane Waldfogel). The last chapter of the book, "Reports from the Field," compiles six articles illustrating new efforts to strengthen infant/toddler care: (1) "Family and Medical Leave: Making Time for Family Is Everyone's Business" (Lauren J. Asher and Donna R. Lenhoff); (2) "Child Care within the Family" (Caroline Zinsser); (3) "The Military Child Care Connection" (M. A. Lucas); (4) "Early Head Start for Low-Income Families with Infants and Toddlers" (Emily Fenichel and Tammy L. Mann); (5) "Starting Points: State and Community Partnerships for Young Children" (Michael H. Levine and Susan V. Smith); and (6) "Implementation of California's Children and Families First Act of 1998" (Karen A. Bodenhorn and Deborah Reidy Kelch). (All articles contain references. The book concludes with a 26-item bibliography.) (KB)

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Caring for Infants and Toddlers

The Future of Children

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Correspondence should be addressed to Richard E. Behrman, M.D., Editor-in-Chief, *The Future of Children*, 300 Second Street, Suite 200, Los Altos, California 94022. To be added to the mailing list, write to the Circulation Department at the same address.

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Statement of Purpose

The primary purpose of *The Future of Children* is to disseminate timely information on major issues related to children's well-being, with special emphasis on providing objective analysis and evaluation, translating existing knowledge into effective programs and policies, and promoting constructive institutional change. In attempting to achieve these objectives, we are targeting a multidisciplinary audience of national leaders, including policymakers, practitioners, legislators, executives, and professionals in the public and private sectors. This publication is intended to complement, not duplicate, the kind of technical analysis found in academic journals and in the general coverage of children's issues by the popular press and special interest groups.

This issue of the journal focuses on the daily care of the nation's youngest children—those between birth and age three. During these years, the infant's brain and body, mind and personality take shape in a way that reflects both inherent biological factors and environmental influences. Early development feeds on everyday experiences of learning and nurturance that are managed by the infant's caregivers. But how is caregiving itself managed by today's families? The articles in this issue probe the striking shift in caregiving arrangements for children under age three, now that 61% of their mothers are in the labor force and more than half of them begin some form of regular child care before their first birthday. The articles discuss the developmental needs of infants and toddlers, review the findings of recent child care studies, examine public opinion surveys, summarize the ways in which employers and governments try to help parents with infants to manage employment and caregiving, and describe recent innovations that seek to improve the care that these most vulnerable children receive.

Public ambivalence about how families with infants and toddlers should respond to the competing demands of caregiving and employment has stymied policy action and impeded realistic debate about the care of children under age three. To us, it is clear that American families need and deserve a far better array of caregiving options to choose among—including paid parental leave and child care that is nurturing, appropriate, reliable, and affordable. We argue that it is the role of government to see to it that families of all income levels have equitable access to such supports—so they can give their babies the best start possible in life.

We welcome your comments and suggestions regarding this issue of *The Future of Children*. Our intention is to encourage informed debate about the care of infants and toddlers. To this end we invite correspondence to the Editor-in-Chief. We would also appreciate your comments about the approach we have taken in presenting the focus topic and welcome your suggestions for future topics.

Richard E. Behrman, M.D.
Editor-in-Chief
Journal/Publications Department
300 Second Street, Suite 200
Los Altos, CA 94022

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Caring for Infants and Toddlers: Analysis and Recommendations

A tiny hand clasping the finger of a large hand—it is a familiar image. An image of infancy that evokes the baby's vulnerability and trust, and the adult's gentleness and responsibility. An image of caring. Behind the image is a story of family and societal choices. Do the baby's mother and father hold jobs? What were their options for returning to work or staying with their newborn? Perhaps the large hand belongs not to a parent but to a teacher in a child care center, a neighbor who takes children into her home, or the baby's grandmother. Who else is nearby in the care setting? Are other large hands reaching out to hold the baby, or are other small hands reaching up for the adult?

This journal issue is about the care of the nation's youngest children, those who have not yet turned three. As used here, the term "care" encompasses a rainbow of different care settings and caring individuals—parents and grandparents, nannies and neighbors, family child care providers and child care centers. The journal issue compares our understanding of the caregiving that babies need with the capacity of today's parents to ensure that those needs are met day after day.

Why focus just on children under age three? The decision is controversial. Because development is continuous, categories based on age can be artificial and misleading.[1] Nevertheless, the "under-threes" have been singled out in recent years. Sparked by the Carnegie Corporation's *Starting Points* report in 1994[2] and spurred by newly popularized research on brain development[3], media attention to infants and toddlers surged during the 1990s.[4] Amidst the excitement, some exaggerated claims were made about the uniqueness of the first years of life, prompting the National Academy of Sciences to caution that the focus on the period from birth to age three "begins too late and ends too early."[5] We agree. No claim is made here that development stops or even pauses at a child's third birthday party. Instead, we distinguish this age group because the responsibility for children who are still so dependent and vulnerable poses unique demands on caregivers and care settings. A baby depends utterly on his or her caregiver to make the vast world safe, manageable, and welcoming. To share the care of a child who cannot yet walk or talk carries special meaning and weight for all involved.

All the same, the special character of the earliest years of life confounds policymakers, professionals, and the public. What is the best care that is feasible to provide to infants and toddlers, now that more than half of America's babies have a mother who works outside the home? There are over 11 million children under age three in the United States, and this year nearly 5 million of them will spend about 25 hours a week in the care of someone other than a parent.[6] This is a revolution in caregiving, and it leaves Americans uneasy.[7] Is there a single desirable balance between care by parents and by others, or are there many appropriate solutions? Parental decisions regarding both employment and child care reflect the family's circumstances and preferences, to be sure, but they are also influenced by public attitudes, employer policies, and government programs. By improving the caregiving

options available to families, society can support the well-being of both families and children—if we can come to agreement on our goals and priorities. That is the terrain covered in this journal issue.

In emphasizing the balance families strike between employment and caregiving, this journal issue leaves out many aspects of care that shape infants' development. Mentioned but not discussed in detail are economic supports, health care, early intervention services for infants with developmental delays or disabilities, parent education and support programs, and the child welfare system that steps in when parental care is inadequate. These are important services, critical to the well-being of many children. Two reports included in this issue, one by Levine and Smith and one by Bodenhorn and Kelch, describe innovative efforts to strengthen and integrate health, parenting, and child development services. However, these allied service systems have been addressed in earlier issues of *The Future of Children,* and they are not examined again here. Instead, this issue focuses on the question of whether enough is being done to support the everyday caregiving on which infants and toddlers rely so trustingly.

The first three articles included in this issue review recent research on child development, child care, and public attitudes that has emerged over the last ten years. The next three articles discuss the ways that employers and governments both here and abroad help parents manage the demands of work and the care of their babies. The last six articles in the issue, called "Reports from the Field," recount the stories behind new efforts to strengthen the care given to the nation's youngest children. Taken together, the articles point to the need to improve the entire array of caregiving options—from care by parents themselves, to care by relatives, and care provided in licensed homes or centers.

This overview article opens with a brief look at the dramatic, multifaceted development that takes place during infancy, and highlights the influence that caregiving has on development. It discusses how caregiving has changed in the last half-century, with increasing maternal employment and use of nonfamilial child care, and it reviews the ambivalence of public reactions to these shifts. Finally, the article looks closely at the adequacy of family leave and child care subsidy policies designed to help American families manage the demands of work and caregiving. It argues that further action by government, employers, and community institutions is needed to strengthen all the caregiving options families use, to ensure that a nurturing environment surrounds every young child's development.

The Human Promise of Infancy

Vivid images of early development have captured the attention of the media, policymakers, and the general public. Recently, the most striking have been brightly colored reproductions of brain scans showing dramatic differences between the brains of children exposed to terrible or positive environments during the first years of their lives. The article by Thompson in this journal issue adds depth to these images by describing the captivating behaviors of babies and toddlers as they master new skills and understanding, delighting their caregivers.

Development Is Multifaceted

Thompson emphasizes that early development is designed to yield a well-rounded human being, as he explains that growth during the first three years of life transforms not only the infant's brain but his or her body, mind, and person. While millions of synapses are forming and being pruned in the "biologically exuberant" growing brain,[8] the infant is also learning to decipher and speak an elaborate native language, figuring out how the physical world works, coordinating a complex set of growing muscles and bones, and discovering how to harness the dynamism of emotions and relationships with others. The early years lay the foundation for the child's later cognitive achievements, mastery of social skills, and emerging sense of self-esteem and respect for others.

While early learning looks natural and unremarkable, its significance should not be underestimated. Physical, intellectual, and social learning occur together as a baby and

Recommendation

School readiness investments should encompass supports for the healthy, well-rounded development of infants and toddlers, who are mastering the social, emotional, and cognitive skills required for success in school and beyond.

caregiver go through the day's routine—talking, exploring, playing, and cuddling. Thompson's article points out that important aspects of social and emotional mastery such as curiosity, task persistence, adaptability, and self-control take root in the rich soil of these early experiences. As a committee of scholars at the National Academy of Sciences wrote in a 2000 report, the first years of life set "either a sturdy or fragile stage" on which the child builds the intellectual and academic skills that will be called on in school and other life contexts.[9]

Development Depends on Caregiving

The process of development, scientists agree, intertwines genetic factors, inborn forces of maturation and growth, and responsiveness to both environment and experience. In other words, nature powers much of early development, but its course depends heavily on the experiences and protections that caregivers provide. Many influences that shape development are determined by the infant's caregivers—the parents and others who are responsible for the child's routine care and overall well-being. In Thompson's words, "the irreducible core of the environment of early development is people." Caregivers provide food and physical safety; they nurture and reassure the infant; they provoke and respond to the toddler's overtures; they offer playthings and challenges; and they surround the child with language.

These caregiver actions are remarkably natural, argues Thompson, although attentive caregiving cannot be taken for granted. Common problems that impede caregiving include depression and stress that may be rooted in the adult's own experiences as a child or caused by more immediate life problems.[10] Infant/caregiver relationships are also disrupted when competing demands pull caregivers away either physically or psychologically. Therefore, Thompson calls on society to value the caregivers who mean so much to infants, for instance, by ensuring that welfare and employment policies permit parents to remain home during the months after a child's birth, and by providing better training and more compensation to caregivers outside the family. Similarly, the article by Knitzer in this issue urges federal and state governments to invest more in programs like Early Head Start that help vulnerable caregivers forge positive relationships with the children who depend on them. The essence of caregiving that supports child development is a relationship with an adult who is both attentive and responsive to the infant's or toddler's concerns, discoveries, and achievements. It is people who matter the most to babies.

Recommendation

Impacts on young children's access to attentive, nurturing care should be a key criterion when policymakers and advocates judge policies that affect adults with caregiving responsibilities.

New Configurations of Caregiving

Caregivers and caregiving environments matter to the development of babies and toddlers—psychological science speaks clearly on that point. Sociologists, economists, and demographers weigh in on the topic as well, because among the most striking sociological changes of the last 50 years is the transformation of caregiving within families. Mothers, and particularly mothers of very young children, have entered the labor force in a growing tide. The article by Phillips and Adams in this journal issue reports that 61% of American mothers with a child under age three were employed in 2000, compared with only 34% in 1975.[11] Today, work enters into the relationship between mother and baby very early. In 2000, report Phillips and Adams, 56% of mothers with a baby under age one were employed. In the wake of that shift, parents have orchestrated a myriad of alternative arrangements to care for their children during work hours.

According to Phillips and Adams, a major multisite study of families found that for three of four babies, some form of nonparental child care began during the first year of life—often as early as three months of age. Although for many infants, child care means staying with a grandmother, the proportion of children under age three who spend their days in child care centers has almost tripled in the last 20 years, rising from only 8% to 22%. Taken together, increasing maternal employment and the growing reliance on child care add up to what Phillips and Adams call "a dramatic reapportioning of care" away from parents to a variety of other caregivers.

Although the change in caregiving has been steady and gradual, it has attracted notice by the American public. Attentive care should be every child's birthright—about that there is little debate, but heated discussions arise

over how to provide such care for babies in the face of women's growing professionalism and importance as family breadwinners. There is no consensus about the balance between parental employment and caregiving that is right for all families. No experts have offered a winning vision of how to accommodate work and family, and parents have not joined hands to press employers or government for family-friendly policies.[7,12] Why not? A closer examination of recent trends and public values concerning family self-sufficiency, caregiving, and the role of government offers a partial explanation.

Should Mothers Work?

Rates of employment among mothers of children under age three have risen consistently during the last half-century and they show no signs of slackening. Sociologists offer different explanations for the employment trends: work requirements imposed on welfare recipients, the eroding wages of men, women's response to the growing risk of divorce, women's career aspirations, and modern-day materialism.[13,14] Very few experts suggest that significant numbers of women will turn their backs on employment, however. Rather, women are returning to work earlier than ever after childbirth—most by the third month.[15,16]

The impact of a mother's wages on the family's budget is a persuasive factor in many households. In two-parent families, mothers contribute about one-third of the family's income. The Congressional Research Service reports that, in 1997, the median income for two-parent families with a nonworking wife was $36,027, whereas families with two working parents earned $60,669.[17] And one economic trend analysis of changing family incomes during the turbulent 1970s and 1980s revealed that a mother's income played an important role in stabilizing the family's standard of living in the face of economic uncertainty.[14]

Moreover, families with new babies tend to be young, and vulnerable economically. Although statistics are seldom reported on children under age three, 22% of children under age six lived below the poverty line in 1997 (set that year at about $13,000 for a family of three), and nearly one-third did not live with both parents.[18] In families that struggle with poverty, as has long been the case, maternal employment is taken for granted.[12]

American attitudes toward maternal employment have been surprisingly unaffected by the rising proportions of mothers in the labor force. A flood of recent polls and surveys summarized in the article by Sylvester in this journal issue shows that by margins of three or four to one, Americans continue to believe that it is best if a parent is home to care for very young children. From an international perspective, the American ideal of the stay-at-home mother seems out of step with the times. In most European countries, maternal employment has been accepted for much of the twentieth century, and it is now expected after a child is a year old.[19,20] (As the article by Waldfogel in this issue points out, most European countries offer paid parental leave for a year after a birth.)

In the United States and other English-speaking nations, however, the public has resisted the norm of maternal employment, especially during the first years of life.[21] Here, public reactions to parents' decisions to work and use child care sometimes suggest that materialism and concern with status have overshadowed more fundamental family values. As one sociologist put it: "Working mothers, especially mothers of preschoolers, still face mixed responses among the American public who, although affirming their legal right to work, remain divided about the wisdom of and reasons for so many young mothers in the labor force. Are they working because they need to or just because they want to buy more things?"[22]

When the topic is single mothers and welfare policy, however, public attitudes about good parenting and employment reverse sharply.[7] In what strikes some as a double standard, poor mothers are praised not for remaining home with their children but for working and even combining jobs and education to get ahead economically. The debates over welfare reform in 1995 and 1996 made the power of public opinion on this topic very clear, as a 60-year-old program that provided cash benefits to enable poor single mothers to be home with their children was replaced by a program offering time-limited benefits linked to job training and work requirements.[23,24] To the public, in other words, the value of family self-sufficiency trumps the value of having a parent as caregiver for the very young—if the family's economic independence is at stake.

A Role for Child Care

The decade of the 1990s marked a crucial transition in public acceptance of the idea that child care is essential, even for infants and toddlers, if mothers are obliged to work. To help low-income mothers enter the labor force,

Sylvester reports, the public is willing to pay for child care. Indeed, public support has held up during an impressive increase in funding for child care subsidies for low-income families. Since 1992, combined federal and state subsidy funding has nearly tripled.[25] In 1999, fully 1.8 million children received child care subsidies each month, and about one-half million of those children were under age three.[25] As important as it has been to the development of American child care policy, however, this public support for subsidies does not yet represent a full-blown embrace of child care, or a commitment to create a system of safe and reliable child care services.

Research examining children's experiences in child care underscores the need to address the quality of infant and toddler care. Not only do physical hazards often exist even in licensed child care settings,[26] but harsh, inattentive, or unresponsive relationships between caregivers and children also threaten children's development. Observers in large-scale, multisite studies of child care provided in both center and home settings have found that half the care settings experienced by infants and toddlers are poor or only fair, not good or excellent.[27,28] No one type of care has proven superior to others for children under age three, however. For example, one study found that children who were six months of age fared best when they were alone with their caregivers. A follow-up study revealed that as toddlers, the children benefited from being in a center environment with educated teachers and plentiful opportunities to explore.[29]

When the focus is on children under age three, many Americans hesitate to embrace the idea of group care in centers or family child care homes where the caregivers are not known to the parents.[30] So called "institutional" care is not, according to focus groups and surveys, a desirable option for the very young. Nor do many parents agree with professionals and researchers that training increases the ability of caregivers to offer the love, stimulation, and physical attention that infants and toddlers need.[31] When children are age three or four, however, the value of exposure to group experiences, trained teachers, and learning materials is more apparent to parents and policymakers alike.[32] The statistics on the use of child care during the first three years of life reported in the article by Phillips and Adams in this journal issue parallel these opinions. Of the infants and toddlers whose mothers worked in 1997, 27% were cared for by a relative, 22% in centers, 17% in family child care homes, and 7% with nannies.[6]

Alarming media stories about inattentive or abusive child care situations have heightened concerns about the risks of placing babies in nonfamilial care.[7,12] Rather than fueling demand for more government intervention to ensure the safety and quality of child care settings, however, concerns about child care have reinforced the American emphasis on the decision-making role of parents. Most child care subsidies (and the federal child care tax credit that benefits a wide swath of middle-income American families) can be used to pay for any care that is operating legally, whether it is provided by a next-door neighbor or by a for-profit child care center. The burden of choosing acceptable care is left to the parents, whereas public investments in quality improvements are minimal and regulations are unevenly enforced. In such a *laissez-faire* policy climate, poor quality care too often is allowed to put children's development at risk. What can be done? A later section of this article considers ways of using public subsidy funds to improve the child care options available to parents.

Who Is Responsible?

A variety of government policies affect caregiving by all families. For instance, tax, employment, and welfare policies oblige parents to work or enable them to remain home; and both regulatory and funding policies shape the market of child care services where parents shop for nonfamilial care. As Sylvester notes, however, American values concerning self-sufficiency and childrearing mingle with attitudes toward government to create a narrow social focus on family responsibilities and privacy. The tradition of American family policy is to assume that "citizens will provide for their own needs through employment; the government steps in only in the event of family breakdown or loss of employment."[33] Indeed, the article by Knitzer in this journal issue describes how federal funding for children targets those who are poor, maltreated, and vulnerable.

Knitzer argues that government efforts are focused on supporting the economic role of families, and little attention goes to their caregiving role. By contrast, in most of the European countries described in the article by Waldfogel in this issue, governments use the tools of public policy to advance positive goals for families and children—especially during the first three years of life. Policies seek to encourage childbearing while ensuring that

women and men have equal opportunities in education and employment. The public in such countries expects government and business leaders to provide working conditions, leave and benefit policies, and publicly funded child care programs that will help parents balance work and caregiving.[20]

In contrast, when asked directly in public opinion surveys, parents in the United States seldom call for government help in resolving the work/family dilemmas they face.[7] That finding seems surprising. Perhaps, in this country, parents do not want government authorities to dictate family decisions. Some may fear government scrutiny of their caregiving, others may not want to appear to be unable to manage their responsibilities. Instead, American parents take it upon themselves to find their own, personal solutions to the tensions between the demands of employment and caregiving.[12]

Supporting Choice, Providing Options

A core tenet of the American value system is an emphasis on individual rights, followed quickly by an emphasis on family privacy and integrity, and a preference for market forces over government action. All these values and preferences contribute to a climate in family policy that emphasizes choice. In a nation as diverse in cultures and demographics as the United States, it makes sense that successful family policies have built systems that offer a wide array of choices. Hopefully, families will be treated fairly, even as they choose contrasting ways of balancing their work and caregiving responsibilities.

For instance, support for "parent choice" has been a much-touted goal of the last decade's child care subsidy systems, and now most subsidies are paid through vouchers that do not oblige the recipient to use a predetermined type of care. Previously, public agencies often contracted with specific child care programs (usually centers) to serve subsidized children. Like the tax dollars returned to families who deduct child care expenses from their taxes using the Dependent Care Tax Credit, subsidy vouchers are a flexible form of assistance to parents.[34] Even so, these policies are criticized for not supporting many choices parents would like to make. For example, as Phillips and Adams explain, subsidy vouchers cannot be used to purchase costly child care options. Conservatives argue that the provision of child care subsidies discriminates against families in which one parent chooses not to work in order to care for the children.[35] A broader lens could integrate attention to child care and family policies, including supports for both parental and nonparental care, in the same discussion.

The article by Waldfogel in this journal issue highlights the value of policies in other countries that give parents the flexibility to make different caregiving and employment choices. Such policies offer parents equivalent support regardless of what mix of parental care and child care they use. That article's international comparison underscores the fact that, in the United States, scant public funding exists to support any of the options families use to balance work and caregiving. In the words of one policy analyst, "Without paid parental leave, parents of limited means find it difficult to care for an infant (or toddler) at home. Without having subsidized child care facilities, parents find it difficult to place a preschool child in a desirable facility."[36] Proclaiming the rights of families to make their own work and caregiving choices is mere rhetoric, unless it is backed up by supports that offer families across the income spectrum viable options for remaining home, securing quality child care, or combining the two. As Waldfogel notes in her article, "What is best for one child or one family may not be optimal for another child or family," and the choice that works for a child or family at one time may not be suitable a year later.

In fact, no care option is currently extensive, affordable, reliable, or good enough to enable American families at all income levels to feel confident that the right relationships and experiences will surround their vulnerable young children. The articles in this issue highlight three particular policy challenges:

- Few parents have access to paid parental leave, part-time work schedules, and income supports sufficient to allow them to remain home as caregivers for even six months. Low-wage workers who have the fewest options overall are the least likely to enjoy flexible employment with family-friendly benefits.
- Formal, licensed child care for infants is costly, scarce, and too often of poor quality. Large groups and child-adult ratios, low wages that lead to staff turnover, and lack of training undermine the quality of the relationships between caregivers and children that are the heart and soul of early caregiving.

- Child care arrangements with relatives, available to some families but not to many others, can be flexible and trustworthy, or fragile and unsatisfactory. Although public subsidies can now go to pay relative caregivers, few communities have created networks of information and support to strengthen the care these individuals offer to children.

As flawed as they are, these are the major options that families rely on to care for infants and toddlers. Viewing them as a continuum of alternatives that every family may tap at one time or another focuses attention where it should be—on common problems and cross-cutting solutions. The reports included at the end of this journal issue discuss a series of recent efforts to improve services for infants and toddlers, and to take small initiatives to scale. Armed with a broad understanding of problems and public priorities, and heartened by concrete experiences, policymakers and practitioners can start work building new supports for families with babies.

Recommendation

Government policies should assure that all families have supports for childrearing during the first years of life, including leaves for parents who choose to be home and access to good child care that is safe, affordable, and appropriate to the child and family.

The next section of this analysis examines two key policies that help parents manage the demands of work and caregiving. The Family and Medical Leave Act of 1993 (FMLA) gives many employees the right to an unpaid, job-protected 12-week leave to care for a newborn and tend to other family concerns, and the Child Care and Development Fund (CCDF) is the major source of funding for child care subsidies that low-income families can use to offset the cost of child care while they work. In each case, a federal policy action sets in place a framework (a mandate in the case of the FMLA and a block grant to the states in the case of the CCDF) that is implemented and elaborated by state governments and the efforts of private employers and community institutions. For the families covered by these policies, the right to family leave and access to child care subsidies create better options for both spending time at home and turning outside to arrange child care.

Time at Home: Family Leave

For many families, as for the general public, the most appealing caregiving arrangement for a new baby or a toddler is care by a stay-at-home parent. Parental care offers a baby continuity and security, along with the depth of feeling and attentiveness that accompany the parent-child bond. It gives the parent a chance to participate in the baby's development, rejoicing in each step forward while anticipating the next. It ensures that crucial information about the baby's needs and experiences does not fall through the cracks of communication between parent and caregiver. However, for most American families today, it also means that one parent must stop contributing income to the family budget. Realistically, the question in most households is whether a parent can afford to stay home at all with the new baby.

Since 1993, when the FMLA became law, about one-half of American workers have had a legal right to take 12 weeks of leave to care for a new baby or a foster or adopted child, or to handle an illness in the family—without losing their jobs. The report by Asher and Lenhoff in this journal issue describes the political battle to pass the FMLA, outlines the provisions of the law, and highlights its limitations. Popular support for family leave was important in sustaining momentum behind this legislation, and public opinion now strongly favors providing pay during periods of leave.[37]

After the law passed, the nonpartisan federal Commission on Leave contracted for surveys of the law's impact on employers and employees to be conducted in 1995 and again in 2000. The findings from these surveys show that, although employers resisted the law's passage and do not support the imposition of such government mandates, most report that complying with the law has not been burdensome (85% in 1995 and 64% in 2000 called compliance easy). Nor has it cut productivity for the great majority (93% in 1995 and 84% in 2000 reported no negative impacts on productivity).[38] The Department of Labor's Web site provides the following summary of the survey findings:

> "[The FMLA] has succeeded in replacing the piecemeal nature of voluntary employer leave policies and

state leave statutes with a consistent and uniform standard. The FMLA has not been the burden to business that some had feared. For most employers, compliance is easy, the costs are nonexistent or small, and the effects are minimal. Most periods of leave are short, most employees return to work, and reduced turnover seems to be a tangible positive effect."[39]

A report on the survey of employees conducted in 2000 shows that 18% of all the leaves taken (short and long) were used by parents to care for a newborn or to welcome a foster or adopted child.[38] A special analysis of leave use by parents with young children indicated that over one-third of the mothers (36%) and one-third of the fathers (34%) who took leave used it for newborn care. Clearly, the existence of job-protected leave helps many families with caregiving during the first life-changing weeks after a birth.

Limited Eligibility for Leave

As important as it is, however, the FMLA has significant limitations both in its coverage and in the help it provides. As Asher and Lenhoff explain, the law applies only to employers with 50 employees or more. Moreover, within covered worksites, the only employees eligible for leave are those who have worked for the employer for 12 months and 1,250 hours (about 25 hours per week). Overall, the Department of Labor reports that about two-thirds of the American labor force work for employers (public and private) who are covered by the FMLA, and 55% of all workers (but only 47% of private-sector workers) are eligible for leaves.[39] Not covered by the law, therefore, are those who are just entering the labor force, employees who have changed jobs, or those who work part-time or on a temporary basis. These workers, along with those at small companies, are also unlikely to be offered leave by their employers on a voluntary basis. In other words, the workers not covered by the FMLA are those who are most likely to need its mandate to secure a leave.

Now that research shows the FMLA's requirements are not damaging to most businesses, it is important to make the guarantee of 12 weeks of leave universal, first by extending the law to cover midsized businesses (those with 25–50 employees, encompassing 13 million more workers), then to include small businesses. Innovative strategies that may not be entirely employer-based will then be needed to provide equivalent protection to part-time, temporary, and recently hired workers.

Recommendation

State and federal governments should extend the protections of the Family and Medical Leave Act to workers in midsized and eventually small businesses.

Unpaid Leave

The second key limitation of the FMLA highlighted in the report by Asher and Lenhoff is the fact that, because the leave guaranteed by law is unpaid, it is of practical value only to those employees who can forego earnings for up to three months. This limitation is regularly cited as a key reason why only 16% of FMLA-covered employees take leave each year.[38,40] Overall, one-third of leave-takers received no pay while they were away from their jobs. This may be one reason why 54% of the leaves taken are shorter than 10 days in duration, rather than the 12 weeks guaranteed by the FMLA.[41]

In practice, many employers go beyond the mandates of the law and choose to offer paid leave (which is why no more than one-third go without pay during leave). However, as the article by Friedman in this issue makes clear, voluntary employer benefits provide more advantages to highly-paid workers than they offer to low-wage workers.[42] The 2000 survey of FMLA usage indicates that four of five high-wage workers (80%) who earned over $75,000 per year were paid during their leave. By contrast, only one of four workers (26%) who earned less than $20,000 per year received any compensation during leave.[38] Clearly, low-income parents facing a strained budget and the added costs of a new baby understand that they cannot afford to avail themselves of the FMLA's unpaid leave. To them, the law is no more than an attractive phrase. To make the guarantees envisioned by the law and its public supporters real to the families who need them the most, a strategy must be devised for paying parents during FMLA-covered leaves.

Recommendation

State and federal governments should provide income to those who take family leave for newborn care through a funding pool that combines public funds with contributions from employers and employees.

Leaving Welfare for Employment

The parents who are least likely to benefit from the FMLA's protections are those who are attempting to move from welfare dependence to work and self-sufficiency, because they are new employees who are likely to receive low wages and no fringe benefits. These families remain, for a time, connected to the welfare system now known as Temporary Assistance for Needy Families, or TANF. As the article by Knitzer explains, welfare reform changed society's expectation of the poor single mothers who qualify for cash assistance (one-third of whom had a child under age three in 1999).[43] Work requirements now confront welfare recipients even when they have infants less than a year old. Knitzer also points out that welfare rules in twelve states require work by women whose babies are no more than three months old; in four states, work must begin at six months. The other states require work when the child is age one, or later.

The minimal FMLA standard provides three months of leave to families of all income levels, most of whom have some assets and two parents who can share household and caregiving tasks. However, the challenges faced by new mothers on welfare are much steeper, as they single-handedly cope with a new baby and the myriad problems of poverty, while simultaneously seeking to enter the labor market, secure benefits like sick time and paid leave, and find affordable and acceptable child care arrangements for their babies. The interests of American taxpayers are best served by helping these mothers succeed by extending more assistance to them for the first year of the child's life as they set up viable ways of handling the pressures of low-wage employment and child care.

Recommendation

No state should require welfare recipients to work before their babies are six months old. A one-year exemption from work requirements is more appropriate, given the disproportionate difficulties that poor single mothers face in meeting the needs of their babies as they strive toward self-sufficiency.

The extensions and corrections to the FMLA that are recommended here stop well short of providing American working parents the same opportunity to remain home to care for their infants that their counterparts in most industrialized countries enjoy, as the article by Waldfogel explains. Indeed, a recent review of international developments regarding parental leave notes that "worldwide, 128 countries of the 172 responding to the International Social Security Association in 1999 provided at least some paid and job-protected maternity leave." The international average is now 16 weeks of paid leave.[44] Nonetheless, the changes to American leave policy suggested here are important steps toward establishing a more equitable approach to family leave—one that provides equivalent protections to workers up and down the wage scale. When a universal and fair structure is in place, later reforms can and should extend the duration of paid leave to at least the ten months recommended in the article by Waldfogel, or the one year we recommend for welfare families. By doing so, the nation's leaders can show their esteem for the relationships between babies and their parents that are so crucial to early development.

Turning to Child Care: Subsidy Funding

Even with increased access to family leave, working mothers soon will find themselves searching for child care, hoping to find caregivers who are warm, reliable, and responsive. Yet, while the nation's youngest children are entering child care in growing numbers, earlier and earlier in their lives, few would claim that the decentralized child care market is prepared to offer them the safe, stimulating, nurturing care they deserve. On the contrary, of all child care services, care for infants and toddlers is the most scarce, expensive, and disappointing from a quality perspective.[27] Combined with improved leave policies that would give parents more opportunity to care for their babies themselves, improved child care policies are needed to ensure that the caregiving that takes place outside the family is affordable, trustworthy, and good for babies.

A closer look at the largest governmental investment in child care, the Child Care and Development Fund (CCDF) that funds child care subsidies to help low-income families pay for care, suggests that more could be done to protect these most innocent Americans. The growth of child care subsidy funding during the 1990s has been an important step toward coherent public investment in child care. As is the case with the FMLA, however, the CCDF has limitations. If those limitations are addressed, the next generation of child care investments can further strengthen the child care options available to parents.

Increased Access and Affordability

The most immediate challenge that parents of infants confront, when they start a search for child care, is that of affordability. Phillips and Adams report in this issue that center-based care for one infant costs about $6,000 per year, which is more than 14% of the median income of $43,275 for a three-person family in 1999. The high cost of care hits low-income families even harder. To help them pay for child care while they work, the CCDF provides federally funded child care subsidies to low-income families with a child under age 13. To be eligible, families must be working or seeking to leave welfare and can earn no more than 85% of the state's median income. Parents are assured maximum freedom to choose any child care provider who meets applicable state standards. Within those broad parameters, states design their subsidy programs and set more specific eligibility rules, reimbursement rates, and procedures.[25,45] As the article by Knitzer reports, in 1998 the federal allocation for the CCDF was $3.5 billion in federal funds, to which $1.7 billion in state matching funds was added. Even after significant increases throughout the 1990s, however, the CCDF could help only 12% of the 15 million children estimated to be eligible for federal assistance, leaving many struggling to pay the steep cost of care for children under age three.[45]

Recommendation

Public funding for child care subsidies should be significantly expanded and sustained, given the reliance of low-income families on maternal earnings and the high cost of infant and toddler child care.

Improving Quality

The CCDF is a funding program, not a law imposing mandates or requirements like the FMLA, and as currently structured it does little to ensure or upgrade the quality of services available to families. But it could contribute to quality. The studies of child care mentioned earlier have yielded a simple recipe for quality infant and toddler care. According to the National Academy of Sciences, young children benefit from care that offers them ample verbal and cognitive stimulation, sensitive and responsive caregiving, and generous amounts of attention and support. These positive experiences are most prevalent when the children are in small groups, when the child-adult ratios are low, and when caregivers are educated, well-compensated, and stable in their roles (turnover among child care staff averages 30% per year).[46] All these features of good care for infants and toddlers contribute to its cost, however. The CCDF subsidy program, therefore, can use funding to encourage quality improvements.

For instance, raising the ceilings on allowable payments and using differential rates to recognize care that is demonstrated to be of higher quality are methods of supporting quality. A more flexible approach already built into the CCDF is the requirement that states use 4% of their federal child care funding for quality improvement. These funds can support activities to educate consumers about child care, to expand supply, or to strengthen programs by providing training, offering stipends to encourage staff retention, or creating toy lending libraries or facility improvement grants.[45]

Establishing a set-aside for quality is an important step, but it will take significantly more than 4% of subsidy funding to have a detectable impact on the quality of the care provided in the sprawling American market of diverse child care services. One challenge is that the number of child care programs keeps growing. The number of child care centers nationwide expanded by 21% from 1990 to 1997, whereas the number of registered family child care homes more than doubled.[27] As noted earlier, subsidy funding nearly tripled over that period.[25] Models exist for linking program expansion with parallel investments in program quality, as demonstrated by the reports in this journal issue by Fenichel and Mann on Early Head Start, and by Lucas on military child care. When the dramatic expansion of Head Start began to erode the quality of programs, federal legislation stipulated that about 25% of

Recommendation

The federal government should significantly increase the percentage of CCDF funds earmarked for quality improvements and link the percentage to future expansions in subsidy funding. State policymakers should add funding and invest quality dollars based on input from community leaders, advocates, child care representatives, and parents.

funding increases should go to quality improvement.[47] The 4 to 5 million infants and toddlers in child care deserve no less protection.

Strengthening All Types of Care

The broad, flexible subsidies provided by the CCDF have given low-income families more access to a variety of types of child care. To permit parents unfettered choice of child care providers, states have channeled 85% of the CCDF funding to vouchers that can be used to pay any legal child care provider identified by the parent (some states also give cash to parents).[25] Vouchers and cash payments do little to improve the quality of child care, but they do allow subsidies to flow to the full range of care settings in which infants and toddlers are found, providing resources to caregivers of all types, including relatives and others who may not be licensed.[34]

As explained in the report by Zinsser in this journal issue, many families prefer to have relatives care for their infants and toddlers, and indeed 27% of children under age three are cared for by relatives.[6] About one-eighth of the federal CCDF funds went to these caregivers in 1998.[25] The fact that public funds now support this informal, familial type of care has sparked both debate and innovation. State child care agencies and child care professionals are devising creative ways of offering information and support to a continuum of caregivers and child care settings that stretches from care by parents on the one hand, to care in professional centers on the other.[48–51] In this journal issue, the reports by Zinsser, Fenichel and Mann, Lucas, and Bodenhorn and Kelch describe different approaches to the challenge of supporting and upholding the quality of care provided in different settings. Flexible, creative thinking along these lines can yield pay-offs for parents as they place their trust in America's child care providers.

Recommendation

Appropriate strategies for overseeing, informing, and supporting the different types of caregivers who work with infants and toddlers should be devised by professionals, supported with public funds, and made available to caregivers of all types—child care centers, licensed family child care homes, relatives, and parents.

Conclusion: Government as a Partner to Parents

The alert reader has no doubt noticed that the recommendations throughout this article are directed primarily toward policymakers in federal and state governments. This is not a coincidence. The earlier discussion of public attitudes emphasized the American tradition of assigning only a limited role to government when it comes to family concerns, especially concerns as intimate and important as decisions about caregiving in the first years of life. The article by Sylvester in this issue described the skepticism many Americans have about the ability of "government institutions" to help address children's needs for safety, love, and attention. The image of a faceless, domineering bureaucracy seems the antithesis of the intimate, caring relationships that children need. However, the article by Knitzer offers an alternative image of elected officials and the agencies they lead standing beside parents and community organizations, as partners offering financial assistance and oversight to complement the concrete caregiving efforts of child care providers and family members.

Most commonly, discussions of the balance between work and caregiving focus not on government leaders but on working mothers and their employers. The article by Friedman describes the leading strategies that family-friendly employers have developed to help their employees soften the collision between demands from work and home. In the booming economy that dominated the 1990s, tight labor markets made recruitment and retention of staff problematic, and work/family programs and policies gained popularity. In practice, however, family-friendly workplace policies are offered by a small percentage of employers and they target primarily highly paid staff—the employees whom employers work hardest to recruit and retain. For example, a Harvard business school graduate asked during an interview, "What's your company going to do about my two-year-old daughter?"[52]

The results of such negotiations between parent and employer, of course, reflect the power each one brings to the bargaining table, and so work/family initiatives designed for the manager trained at Harvard seldom trickle down to the ranks of low-wage workers who are easily replaced. Indeed, many low-wage workers get by without even basic employer-provided benefits, such as

health care or paid vacation days.[42] The fact is that businesses are engaged in business, and competitiveness and profits define their success. They will invest in work/family supports, or not, to the extent that doing so enhances productivity or provides a return on investment. That is understandable. It is not the role of business to assure equity throughout society. That role is assigned to government, our elected leaders.

Therefore, responsibility for ensuring fair access to supports for families must be given to government with its toolbox of regulations, legal mandates, and funding to pay for tax incentives, subsidies, and service programs. As one corporate consultant put it, "A family-friendly society is much preferred to a family-friendly corporation."[53] By taking steps to build on the important policies established during the 1990s—the Family and Medical Leave Act and the Child Care and Development Fund—we can move a long way toward creating a society that is more friendly toward infants, toddlers, and their families than the society with which we entered the decade of the 1990s.

There is not time to wait. Each year, almost 4 million children are born and another 4 million pass their third birthdays and move from toddlerhood to the challenges of preschool. Their small hands are reaching up toward their parents and caregivers. As those hard-pressed adults respond to the children's appeals, it is time for the broader society to add another steadying hand. We should give America's infants and toddlers the strongest foundation we can, through support for the caregivers who shelter and raise them.

Mary Larner, Ph.D., Richard E. Behrman, M.D., Marie Young, M.S.W., Kathleen Reich, M.P.P.

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Development in the First Years of Life

Ross A. Thompson

SUMMARY

Any discussion on how we care for infants and toddlers must begin with the interests and needs of the children themselves. Therefore, this issue opens with an overview of the dramatic development that takes place during the first three years of life, which turns the dependent human newborn into a sophisticated three-year-old who walks, talks, solves problems, and manages relationships with adults and other children.

This article explains the new understanding of brain development that has captured public attention in recent years, and links it to developments in infant behavior that are equally impressive and influential: the growth of the body (size and coordination), the growth of the mind (language and problem-solving abilities), and the growth of the person (emotional and social mastery). It emphasizes how much early experiences and relationships matter.

The article highlights themes that resonate across these aspects of development:

- A drive to development is inborn, propelling the human infant toward learning and mastery.
- The opportunities for growth that enrich the early years also bring with them vulnerability to harm.
- The experiences that greet children in their human and physical surroundings can either enhance or inhibit the unfolding of their inborn potential.
- People (especially parents and other caregivers) are the essence of the infant's environment, and their protection, nurturing, and stimulation shape early development.

The author envisions a society that stands beside the families and caregivers who nurture young children, equipping them with knowledge and resources, and surrounding them with supportive workplaces, welfare policies, and child care systems.

Ross A. Thompson, Ph.D., is Carl A. Happold Distinguished Professor of Psychology at the University of Nebraska.

The mind and heart of the young child have captivated adults for centuries. Young children have been represented as many things: pure innocents, balls of clay, self-centered egoists, confused dependents, a cauldron of impulses and, more recently, information-processing machines and beloved suitors for affection. In their efforts to understand early development, scientists and parents alike have asked: Do early experiences leave an enduring impression on young minds and personalities? Do the first relationships—with parents and other caregivers—shape lifelong self-understanding and social relationships? Is the infant's world a "blooming, buzzing confusion" for which adults must provide clarity and organization? Are there truly windows of opportunity in the early years when critical environmental catalysts are required for healthy development? These questions endure because the behavior of young children is hard to interpret. What do the apparently aimless gazing of a newborn, the squeals of a baby's delight or distress, or the casual play of a toddler reveal about the workings of the mind?

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The answers to these questions are important because they define the nature of early development and the responsibilities of adults. After all, the obligations of caregivers are established by the needs of young children. Thus, it is important to know if early relationships are formative or peripheral because the answer has implications for how much society values those who care for young children. It makes a difference if young minds are malleable and how they are shaped, because therein lies the importance to children of what happens at home and in child care.

Fortunately, developmental psychologists have devoted concerted research efforts to answering these questions about development in the first years of life. Recently, their efforts have been aided by developmental neuroscientists whose initial conclusions about brain growth complement the findings of behavioral scientists. Here is what they have learned.[1] The early years are important. Early relationships matter. Even in infancy, children are active participants in their own development, together with the adults who care for them. Experience can elucidate, or diminish, inborn potential. The early years are a period of considerable opportunity for growth, and vulnerability to harm.

This article explores these questions and answers by considering growth in the early years in four domains:

(1) The growth of the ***body*** (physical size, motor coordination, health);

(2) The growth of the ***mind*** (thinking, language, concepts, problem solving);

(3) The growth of the ***person*** (relationships, social understanding, emotions); and

(4) The growth of the ***brain*** (development of neurons, synapses, and the influence of experience on brain growth).

These four interrelated domains of early development highlight the central accomplishments of early childhood and underscore the obligations of caregivers to provide relationships that are warm and nurturant, experiences that provoke the mind and brain, and protection from physical danger and biological hazards. In the final section, the accomplishments of infancy are reconsidered in light of the importance of the environment to early development, and the opportunities and vulnerabilities of the early years.

Sensitive parenting—not educational toys or Mozart CDs—provides the essential catalysts for early intellectual growth.

The Growth of the Body

Some of the most impressive developmental accomplishments of the early years are the most visible. The young child grows faster during the first three years than he or she ever will again.[2] Not only does the child grow physically larger but body proportions also change. The top-heavy newborn evolves into a five-year-old with a body more closely resembling that of an adult. These changes in body proportions (together with the remarkable advances in brain development that integrate neural pathways governing behavior) help to account for the striking changes in motor coordination, balance, and dexterity that also characterize the early years. The physically uncoordinated newborn learns to sit up by six months of age, stand and walk shortly after the first birthday, and (impatiently, exuberantly, or anxiously) jump in place by the second birthday. The rudimentary grasping reflex of infants evolves into more sophisticated, deliberate eye-hand coordination that enables them to pick up small objects (such as a pea on a dinner plate) by the end of the first year. By age two, toddlers are using their hands to build towers, and by age three, to draw circles on paper.

These physical advances are also fostered by growth in sensory acuity. Because of changes in the eye, ear, and other sensory organs, and developments in brain organization, infants quickly learn to scan the visual field and to discriminate sounds in much more sophisticated ways. And there are other changes in the young child that derive from the growth of the body. Parents welcome the greater regularity of sleep-wake cycles, the diminishing of crying and unexplained fussiness, and the enhanced predictability in mood that derive from rapid growth in neurobehavioral organization.

There is a tendency in this culture to attribute these remarkable physical achievements to an inborn maturational timetable. Often overlooked is the extent to which these accomplishments rely on crucial catalysts from experience and the environment. But it is a truism of development that the periods of most rapid advance are often periods of greater vulnerability because of the many changes that occur in a short span of time. The rapid growth of the body is metabolically demanding, for example, which means that a nutritionally adequate diet is one of the most crucial requirements for healthy early physical growth. Deficiencies in iron and vitamins owing to chronic undernutrition in the early years can result in cognitive delays, listlessness, and diminished resistance to disease.[3] Young children are also vulnerable to exposure to infectious diseases, drugs and other controlled substances, and environmental toxins (like lead-based paint). In children whose developing physical systems are still maturing, such exposure can result in more profound harm than if it occurs at a later age. Moreover, accidents are a leading cause of injury and death for the very young, owing to children's characteristically poor judgment about potentially dangerous circumstances.

Consequently, healthy physical development in the early years hinges critically on caregivers' determination to protect young children from the harms that might occur. This includes efforts to ensure a healthy, adequate diet; timely immunizations; early vision and hearing screening to detect and correct sensory deficits before they endure; regular health care; and efforts to monitor children's safety in a physical environment that is friendly to the needs and interests of young children.

The Growth of the Mind

How does the mind grow? Does it depend on crucial inputs from the environment? Or is it driven by its own innate information-processing abilities? What parent has not gazed at the casual play of a toddler and wondered if she or he is doing enough to stimulate intellectual growth? Developmental scientists respond to this parent's question in this way: the young mind is astonishingly active and self-organizing, creating new knowledge from everyday experiences. Sensitive parenting—not educational toys or Mozart CDs—provides the essential catalysts for early intellectual growth.[4]

Thinking and Learning

From birth, a newborn's mind is active even though behavior is disorganized. Consider all of the intellectual equipment that enables newborns to begin engaging the world with their minds.[5] From birth, newborns

Language enables children to put their developing ideas and concepts into words they can share with others, and language revolutionizes thought by giving children access to the concepts, ideas, and values of other people.

crave novelty and become bored with familiarity. Their eyes, ears, and other sensory organs are attuned to events that are new and from which they can learn. Their eyes are drawn to sharp contrasts and movement that help them discern the boundaries between objects and derive sophisticated inferences about object shape, size, rigidity, and wholeness. Newborns are capable of integrating knowledge gained from their different senses. They look toward the source of an interesting sound, or gaze at an object that matches the texture of the pacifier in their mouths.

These early capabilities provide the foundation for astonishing growth in concepts, causation, memory, and even problem solving in the early years. Consider concept development. The mind of an infant naturally clusters objects together that are similar in shape, texture, density, and other properties; and a toddler's mind categorizes faces, animals, and birds according to their properties (like nose size or leg length). On this basis, three- and four-year-olds make remarkably logical inferences about new members of a category—appreciating that a dolphin breathes like the mammal it is rather than the fish it resembles[6]—and enjoy displaying their new knowledge, as any parent of a dinosaur-loving preschooler knows. Consider, also, causation and problem solving. Infants are fascinated with "making things happen" through their actions. For example, they rapidly learn how to pull on a tablecloth to reach the milk. By preschool, young children become adept at manipulating physical objects and people to obtain their goals. Memory development also proceeds at a rapid pace. A baby's fragile memory for the past develops into a young child's flexible memory for routine events. And with an adult's help, preschoolers can remember unique and personally meaningful experiences, such as a trip to Disneyworld[7], long afterward. Even numerical reasoning begins to emerge as an early awareness of the difference between small quantities grows into a young child's dawning ability to use number concepts (such as one-to-one correspondence) even before learning to count. Each of these accomplishments reveal an active mind that promotes its own growth by continuously revising its understanding based on how the world responds to its initiatives and observations.

Language

A young infant's innate readiness to learn from experience is apparent in other ways as well. Newborns have a natural capacity for discriminating speech sounds that are used in all the world's languages, even those they have never heard and which their parents cannot discriminate. Newborns are, in a sense, "citizens of the world," innately prepared to learn any language. It is only later in the first year that their speech perception becomes specific to the sounds of the language they overhear at home. Newborns also prefer the appearance of human faces to other sights, and the sound of human voices to other sounds. Indeed, one experimental study[8] showed that newborns prefer, above all, the sound of their mother's voice reading a story that she had repeatedly recited late in her pregnancy.

In early childhood, even more significant advances occur in language development. A three-year-old is already putting words together into simple sentences, mastering grammatical rules, and experiencing a "vocabulary explosion" that will result, by age six, in a lexicon of more than 10,000 words. New words are acquired at an amazing rate (five to six new words daily) as children employ intuitive rules for understanding the meanings of words on their first exposure to them.[9] Young children thus quickly grasp the meanings of the words they overhear (even words they are not intended to hear). Language enables children to put their developing ideas and concepts into words they can share with others, and language revolutionizes thought by giving children access to the concepts, ideas, and values of other people. Although many important achievements in language development remain for the years that follow, early childhood establishes the basis for complex human reasoning and communication.

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Learning and Relationships

All of this learning occurs in a social context, of course. Even newborns respond in special ways to social stimuli, orienting to the people who provide their care and who offer the most interesting and stimulating experiences from which they can learn. Babies' interest in social sights, sounds, and speech focuses their active minds on interpreting and understanding human words, facial expressions, vocal intonations, and social behavior during even the most casually playful encounters.

The achievements of the mind draw upon, and contribute to, a young child's emotional and social development. A baby's delighted laughter, while kicking her legs to make the crib mobile shake, reveals the powerful emotional incentives that drive her to understand experience and master the world. Early word learning is built upon a toddler's interest in the intentions of an adult speaker. As young children begin to understand the hidden properties of animate and inanimate objects, they also discover the hidden psychological dimensions of other people, and begin to explore how beliefs, desires, and emotions influence the human actions they observe. This is why promoting school readiness is not simply a matter of encouraging literacy and number skills. It must also incorporate concern for enhancing the social and emotional qualities that underlie curiosity, self-confidence, eagerness to learn, cooperation, and self-control.

Young children thus do not learn about the world by themselves. A young mind's innate capabilities and its incessant activity each provide powerful avenues for understanding when aided by everyday experience and the behavior of other people. Safe, secure environments and playthings within easy reach permit a young child to explore things that can be examined, combined, and taken apart. Additional catalysts for intellectual growth arise from the natural, spontaneous behavior of sensitive adults. Caregivers do many things to stimulate mental growth. They create daily routines that enable young children to anticipate, represent, and remember routine daily events, such as preparing breakfast together, going to day care, or taking a bath before bed. Caregivers structure shared activities that are manageable for the children and that promote new skills and pride in achievement, such as working on a jigsaw puzzle or sharing a story.[10] Caregivers promote language growth, from their sing-song "parentese" (which is optimally suited to enable babies to learn the sounds of the native language) to the continuing verbal patter they share with barely conversational young children (which enables children to begin to understand the significance of their everyday experiences). Parents and other caregivers do many things intentionally to promote learning and cognitive growth, but the most important intellectual catalysts they provide are uncoached and arise naturally from their unhurried, untroubled, sensitive encounters with the children they love.

Nothing focuses a young child's attention on what other people are thinking or feeling more than the realization that a conflict must be resolved.

The Growth of the Person

Individuality flourishes during the early years. This is because the temperamental qualities that make each newborn unique become elaborated in the development of close attachments, the unfolding of emotional life, and the growth of self-regulation, self-awareness, and social understanding. Studies of early personality development show that the relationships a young child shares with caregivers are crucial to these accomplishments. For this reason, this is a period of great opportunity or vulnerability for psychosocial health, depending on the quality and stability of these relationships.[11]

Attachments: Secure and Insecure

The first attachments of a baby to its caregivers are as biologically basic as learning to crawl and walk.[12] Throughout human evolution, close attachments have ensured species survival by keeping infants protected and nurtured. The development of emotional attachments by age one is preceded by months of animated social interaction during which infants and their caregivers exchange playful smiles, gazes, touch, and laughter together. In the life of an infant, secure attachments provide a sense of security that enables confident exploration and offers reassurance in the face of stress.

A secure attachment reflects the warmth and trust of early caregiver-child relationships. It provides a foundation for positive relationships with peers and teachers, healthy self-concept, and emotional and moral understanding. However, although virtually all infants become attached to their caregivers—including fathers, regular child care providers, close relatives, and others, as well as mothers—not all infants develop the secure attachments that arise from sensitive, responsive care. The effects of insecure attachments can be observed in the distrust or uncertainty that young children feel with their caregivers, as well as negative self-image and difficulties in coping adaptively with stress.

A secure attachment early in life does not guarantee healthy psychosocial outcomes, however, any more than an insecure early attachment ensures later difficulty. Attachment security and its outcomes can change in childhood in response to changes affecting family interaction, such as marital stress, parental job change, or a sibling's birth. Sensitive, responsive care thus remains a continuing need of young children throughout the early years at home and in child care.[13]

Self-Regulation and Social Understanding

The early years provide lessons in relationships, including lessons in conflict management and cooperation. As they mature, toddlers become increasingly active, assertive, and goal-oriented, and their caregivers increasingly set limits and expect compliance. Throughout early childhood, adults "up the ante" in their expectations for the child's cooperation and consideration for others. Adults increasingly guide a young child's behavior by using indirect strategies like explanation and bargaining that rely on the child's developing capacities for self-control. At the same time, young children become much more competent at exercising self-regulation, especially when this skill is enlisted for achieving personally meaningful goals (like getting dessert).[14] Although young children do, in fact, become increasingly compliant with adult expectations as they mature, they also show a growing tendency to refuse before they comply, and to negotiate, compromise, and assert their own preferences in other ways. At the same time that attachment security is taking shape, therefore, caregiver-child relationships are also influenced by the behavioral expectations of adults and the willingness of young children to comply. This means that conflict—as well as warmth and security—becomes part of the parent-child relationship.

Beneath the surface of these difficulties of the "Terrible Twos," however, milestones in social understanding are emerging. Nothing focuses a young child's attention on what other people are thinking or feeling more than the realization that a conflict must be resolved. And because toddlers are acquiring a more sophisticated awareness that others' feelings and desires can be different from their own, the caregiver-child interaction becomes a laboratory for exploring these differences and their consequences.[15] For instance, a two-year-old whose hand inches closer to the forbidden VCR while carefully

watching her parent's face is testing her best guess about the adult's expected reaction.

Other features of psychological understanding also curb the young child's misbehavior, including a growing capacity for empathy with another's feelings and a developing understanding of how adult expectations for behavior apply to specific situations. Caregivers contribute to this understanding when they firmly, but warmly, focus a toddler's attention on the consequences of misbehavior or the child's responsibility for causing harm to another.[16] A three-year-old, whose indoor roughhousing has resulted in a crying younger sibling, can learn from an adult about the connections between exuberant running and inadvertent collisions with a smaller person. Equally important, these encounters between a young child and an adult strengthen the child's understanding and concern for others' feelings and needs, which is one of the most important developing curbs on impulsivity and violence.

Self-Awareness

One of the most charming features of personality growth is how young children learn to answer the question, "Who am I?," in ever more insightful ways. Developing psychological understanding provides avenues toward greater self-awareness. Infants gradually learn that there is a difference between "self" and "other." During the second year, children develop visual self-recognition (in a mirror) and verbal self-reference ("Andy big!"). This is followed by the period when an assertive three-year-old refuses assistance and insists on "doing it myself" to assert competence and autonomy. During the preschool years, the child's self-correction in drawing, tying shoelaces, and performing other everyday activities reflects developing capacities for self-monitoring and the motivation to succeed.[17] Beginning at age three, moreover, preschoolers begin to remember events with reference to their personal significance, constructing an autobiographical memory that helps to establish a continuous identity throughout life's events.[18] Self-awareness and self-understanding are highly dependent on the evaluations of others, of course, especially those to whom the child is emotionally attached. Consequently, the two- to three-year-old's emotional repertoire broadens beyond the basic emotions of infancy to include emotions like pride, shame, guilt, and embarrassment that are elicited in social situations in response to the evaluations of others.[19] A young child's relationships with others thus establish the cornerstone of self-concept through the image reflected in the eyes of another.

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Temperament and Emotional Growth

Young children vary, of course, in their temperamental qualities. Inborn characteristics like mood, soothability, and adaptability affect young children's behavioral tendencies (for example, to approach or withdraw from unfamiliar peers), their emotional qualities, and their capacities to tolerate stress. As infants mature into young children, they begin to learn strategies for managing their emotions because doing so contributes to social competence, self-confidence, and feelings of well-being.[20] Their strategies may be simple—such as looking away from a scary TV show, or saying, "Mommy will come soon," during a lonely first day at preschool; or retreating to an adult when threatened by a peer—but they begin the lifelong process of learning to regulate emotions consistently with one's temperamental qualities.

Unfortunately, the close relationships with caregivers that ordinarily support and constructively guide emotional growth in the early years can also put young children at risk when these relationships are disturbed or dysfunctional. Sadly, some children are so buffeted by conflicted family environments, chaotic child care settings, or unpredictable challenges in daily experience that their capacities for managing their emotions quickly become taxed, and healthy personality development is imperiled. Emerging research in the field of developmental psychopathology reveals the surprisingly early

By the sixth prenatal month, nearly all of the billions of neurons (nerve cells) that populate the mature brain have been created, with new neurons generated at an average rate of more than 250,000 per minute.

origins of emotion-related disorders like depression, conduct problems, anxiety disorders, and social withdrawal. These studies also show how relationships with caregivers who are emotionally neglectful, physically abusive, or psychologically inconsistent can (especially when combined with risk factors like temperamental vulnerability) predispose certain young children to the emergence of psychopathology.[21] Thus, the conclusion that relationships are central to healthy psychosocial growth in the early years is a double-edged sword. It highlights how sensitive caregiving provides many opportunities for enlivening early social and emotional capacities, but also how markedly inadequate care renders young children vulnerable to psychosocial harm.

The Growth of the Brain

In view of recent public excitement over early brain growth, it might have been appropriate to begin this summary of the early years with a discussion of brain development. Instead, this summary began with the growth of the mind and the person because developmental scientists know considerably more about cognitive, socioemotional, and personality growth than they know about brain development. Indeed, developmental neuroscience is a recent addition to the study of the child. Furthermore, processes of brain development are best understood when considered in relation to the pace and timing of concurrent mental, emotional, and social advances of early childhood, because these behavioral achievements provide clues about what is likely to be happening within the brain.

Unfortunately, considerable misunderstanding of early brain development occurs when neurons and synapses are considered independently of the development of thinking, feeling, and relating to others.[22] Time-limited windows of opportunity—during which critical stimuli from the environment are necessary for healthy brain development—are exceptional rather than typical, consistent with the gradual course of most features of early development. Brain development is lifelong, not limited to the early years, consistent with the enduring capacities for growth in thinking, feeling, and adapting throughout life. And although the talking, singing, and playing of caregivers are valuable stimulants of early brain development, so also are the caregiver's efforts to provide adequate nutrition; to protect young children from the hazards of drugs, environmental toxins (like lead), and uncontrollable stress; and to obtain early vision and hearing screening. Each of these elements is an important requirement of healthy brain growth.

Blooming and Pruning of Brain Connections

Developmental scientists' observations of early development provide other important clues for what to expect in the developing brain.[23] For example, the powerful innate capabilities that underlie the newborn's readiness to learn suggest that brain growth begins early and advances quickly during the prenatal months. And indeed it does. Brain development begins within the first month after conception, when the brain and spinal cord begin to take shape within the embryo. By the sixth prenatal month, nearly all of the billions of neurons (nerve cells) that populate the mature brain have been created, with new neurons generated at an average rate of more than 250,000 per minute. Once neurons are formed, they quickly migrate to the brain region where they will function. Neurons become differentiated to assume specialized roles, and they form connections (synapses) with other neurons that enable them to communicate and store information. Neurons continue to form synapses with other neurons throughout childhood. By the moment of birth, the large majority of neurons are appropriately located within an immature brain that has begun to appear and function like its mature counterpart.

Furthermore, given the newborn's hunger for novelty, attention to sensory experience, and preference for social stimulation, significant changes in the brain's neuronal architecture would be expected after birth. This is precisely what occurs, although the manner in which the

Considerable misunderstanding of early brain development occurs when neurons and synapses are considered independently of the development of thinking, feeling, and relating to others.

brain becomes organized (or wired) in the early years is intriguing. Both before and after birth, an initial "blooming" of brain connections occurs: Neurons create far more synapses with other neurons than will ever be retained in the mature brain. This proliferation of synapses creates great potential for the developing brain, but it also makes the young brain inefficient and noisy with redundant and unnecessary neural connections. Consequently, this proliferation is soon followed by a stage of "pruning" when little-used synapses are gradually eliminated to reach the number required for the brain to operate efficiently.

How are synapses selected for retention or elimination? Early experience plays an important role. Stimulating experiences activate certain neural synapses, and this triggers growth processes that consolidate those connections. Synapses that are not activated progressively wither over time. Through this "use it or lose it" principle, therefore, the architecture of the developing brain becomes adapted to the needs of everyday stimulation and experience. The effects of this principle can be observed behaviorally in the early years. Vision, for instance, is an example of this principle. During the early months of life, visual acuity increases because the neural pathways connecting eye to brain become consolidated while infants gaze at the world around them. But if infants experience prolonged visual deprivation (which can result, for example, from congenital cataracts), those pathways will remain unorganized. If the cataracts are removed in childhood, there may still be irreversible deficits in vision because the neural connections were never consolidated. In this respect, therefore, early vision develops according to a sensitive period that begins abruptly (at birth) but very gradually tapers off.

Other features of early behavioral development may also reflect the brain's early blooming and pruning of connections. Consider language learning. Newborns can discriminate universal speech sounds, but over time their speech perception becomes limited to the sounds of their native language. This change in perception may reflect the initial proliferation of connections in brain regions governing language and their later refinement.[24]

Neuroscientists offer similar accounts to explain the early development of memory ability,[25] the growth of early categorization and thinking skills,[26] and early emotional development and emotion management.[27] However, the blooming and pruning of brain connections for these capacities takes place on an extended timetable compared to the narrower window of opportunity that exists for vision.

The timetable for brain development thus varies by region, and it continues throughout life. Sensory regions, which govern sight, touch, hearing, and other sensations, undergo their most rapid growth early in life, while the brain areas guiding higher forms of thinking and reasoning experience blooming and pruning of brain connections into early adolescence. Indeed, the recent discovery that the mature adult brain generates new neurons[28] raises the possibility that brain development continues into maturity in yet unknown ways.

Brain Growth and Experience

At least two forms of brain development occur throughout life.[29] The first, called "experience-expectant," describes how common early experiences provide essential catalysts for normal brain development. Without these essential experiences, brain growth goes awry. The dependence of vision on early visual stimulation is one example. Scientists believe that typical experiences of hearing, exposure to language, coordinating vision and movement, and other common early experiences likewise contribute to the young brain's developing organization. The developing brain "expects" and requires these typical human experiences, and relies on them as a component of its growth.

The second form of brain development occurs throughout life. It is called "experience-dependent" and describes how individual experience fosters new brain growth and refines existing brain structures. These experiences can be unique to an individual. For instance, the brain of a musician who plays a stringed instrument differs from the brain of a poet who works with words and abstract ideas because they have exercised different brain regions throughout life.[30] In this respect, the

The irreducible core of the environment during early development is people.

experiences that refine brain functioning throughout life are individualized rather than typical. These experiences influence neural connections uniquely in different individuals, as they account for new learning and skills.

Vulnerability of the Developing Brain

The foundation for these achievements is established in the early years, however, and the rapid pace and broad scope of early brain growth means that the immature brain is a vulnerable organ. Beginning at conception and continuing after birth, healthy brain development is imperiled by exposure to hazardous drugs, such as alcohol, cocaine, and heroin; viruses, like HIV and rubella; and environmental toxins, like lead and mercury. The brain is also vulnerable prenatally and postnatally to poor diets that lack essential nutrients, such as iron and folic acid. Chronic maternal stress during pregnancy and after birth can also threaten healthy brain development because of stress hormones that have a toxic effect on developing brain structures.[31] Stressful experiences of chronic abuse or neglect, as well as head injuries resulting from accidents, also pose significant risks. The greatest dangers to the developing brain arise, of course, from the combined and cumulative effects of these hazards, such as when children in poverty are malnourished, exposed to hazardous drugs or environmental toxins, or experience head injuries. Enduring harm also arises when early problems are undetected and are allowed to endure uncorrected.

Parents and other caregivers contribute to healthy brain development by talking, singing, playing, and reading to a child. These activities are valuable, especially if they are developmentally appropriate and are attuned to a young child's interests. But more significant contributions occur when parents obtain prenatal and postnatal health care; protect children from environmental hazards, dangerous drugs, and viruses; secure appropriate immunizations, and early vision and auditory screenings; and prevent accidents. The continuing efforts of parents to keep stresses manageable and environments safe for secure exploration offer significant protections to the development of healthy brains and minds.

The Importance of the Environment

When scientists seriously consider the remarkable achievements of the first years of life, it is unmistakable that early experiences matter. The early childhood years are crucial to the quality of the life course. But parents are concerned about their young children not just as an investment in the future, but also because children are themselves valuable. Parents seek to create every opportunity for healthy, optimal growth because of the excitement of contributing to enhancing the unique qualities that each child possesses. Likewise, practitioners and policymakers should also strive to strengthen the opportunities, and reduce the vulnerabilities, of early development because children merit society's commitment to them.

This is why the environment of a child matters. Because early experiences can enhance or diminish inborn potential, the environment of early experience shapes the opportunities and risks that young children encounter. The environment that influences early growth is multifaceted. The physical environment, for example, provides opportunities for toddlers to safely explore and learn, poses hazards for accidental injury, and enlivens young children's emotions by the barriers it sets to achieving goals. The biological environment (which begins to influence development prenatally) affects the developing brain and body through the quality of early nutrition, health care, immunizations, sensory screening, and protection from dangerous drugs, viruses, and environmental toxins.

The irreducible core of the environment during early development is people. Relationships matter. They provide the nurturance that strengthens children's security and well-being, offer the cognitive challenges to exercise young minds, impart many essential catalysts to healthy brain growth, and help young children discover who they are and what they can do. Remarkably, most of the significant ways that caregivers promote healthy development occur quite naturally during the course of sensitive adult-child interaction. For instance, the "parentese" that facilitates early language, the caregiving routines that promote predictability and memory skills, the patient structuring of an activity to make it manageable for a child, and the protective nurturance that manages a baby's emotions show that when sensitive adults do what comes naturally, their behavior is

optimally suited to promoting early cognitive, socioemotional, and neurobiological growth. In a sense, just as children's developing brains intrinsically expect that eyes will see light and ears will hear sound because of their developmental self-organization, so also do children's developing minds and hearts expect that adults will talk in special ways to them and that caregivers will nurture them as they mature. Normal human development draws upon these natural and unrehearsed features of everyday early experience far more than it requires special educational toys, Mozart CDs, or flashcards.

Unfortunately, "doing what comes naturally" does not always support healthy early development when caregivers are depressed, stressed, absent, or otherwise have neither time nor energy to devote to caring for young children. In these circumstances, attachment relationships become insecure, conflict negotiation results in coercion, self-concept is shaped by denigrating evaluations of the child, and young children do not develop the sense of secure self-confidence that is their birthright. Society's commitment to ensuring the healthy development of every child requires far more, therefore, than standing on the sidelines and wishing parents the best in their efforts to benefit their offspring. It requires enabling parents to integrate work and child responsibilities constructively through family-friendly job conditions, welfare reform that does not endanger stable parent-child relationships, affordable and desirable child care arrangements, and wage policies that ensure adequate family incomes. It requires helping parents to obtain the prenatal and postnatal health care that

screens children for developmental difficulties before they become severe, guarantees adequate nutrition, and can protect young children from debilitating diseases and hazardous exposures. Society's commitment to ensuring the healthy development of every child begins with the parent-child relationship, and requires that the broader institutions affecting the family stand alongside parents in their efforts to ensure the well-being of young children.

The relationships that matter do not end with the immediate family. They also include the relationships that young children develop and depend upon in child care. Society's commitment to ensuring the healthy development of every child requires far more, therefore, than hoping that market forces make available high-quality, affordable care for young children. It requires equipping care providers with the knowledge and resources required to provide young children the kind of focused, sensitive care that offers essential catalysts to healthy psychological growth. It requires esteeming the relationships between children and caregivers sufficiently that there are incentives (in wages and benefits, the structure of child care work, and public support) for these relationships to provide stable, reliable support for young children. Society's commitment to ensuring the healthy development of each child requires that all the relationships that young children rely upon are valued and supported.

Recognizing that the early years are a period of unique opportunity and vulnerability means that the environments of early childhood should be designed so they facilitate, rather than blunt, the remarkable intrinsic push toward growth that is characteristic of every child. Doing so not only enhances the well-being of young children, but makes a long-term investment in the well-being of all individuals. A society that is concerned with problems of violence and self-control, school readiness, and social civility wisely takes note of the fact that the origins of these social, emotional, and intellectual qualities take shape early in the life course. In committing itself to the well-being of the youngest citizens, society can promote the well-being of all.

Conclusion

Although the processes of early development remain something of a mystery, enough is known to enable twenty-first-century parents, practitioners, and policymakers to foster the healthy growth of the body, mind, person, and brain. Because the early years are important, young children merit a high priority, even though they cannot speak for themselves. Because early relationships matter, society is wise to value those who relate to young children daily. Because children are active participants in their own development, the most sensitive care is that which is aligned with the child's interests, needs, and goals. Because experience can elucidate, or diminish, inborn potential, early environments must be designed to ensure young children's health, safety, and well-being. And because the early years are a period of considerable opportunity for growth and vulnerability to harm, society wisely does not take for granted the well-being of young children. Instead, we share responsibility as adults to guarantee for each child the opportunity to thrive in the early years of life.

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Child Care and Our Youngest Children

Deborah Phillips
Gina Adams

SUMMARY

Studies of child development confirm that experiences with people mold an infant's mind and personality. Caregiving is, therefore, central to development, whether the caregiver is a parent, a grandmother, or a teacher in a child care center. This article uses data from new, national studies of families to examine the state of child care for infants and toddlers. The story it tells is complex, as the authors outline the overlapping impacts that diverse child care settings and home situations have on children.

- Early exposure to child care can foster children's learning and enhance their lives, or it can leave them at risk for troubled relationships. The outcome that results depends largely on the quality of the child care setting.
- Responsive caregivers who surround children with language, warmth, and chances to learn are the key to good outcomes. Other quality attributes (like training and staff-to-child ratios) matter because they foster positive caregiving.
- Diversity and variability are hallmarks of the American child care supply. Both "wonderful and woeful" care can be found in all types of child care but, overall, settings where quality is compromised are distressingly common.
- Children whose families are not buoyed by good incomes or government supports are the group most often exposed to poor-quality care.

Given this balanced but troubling look at the status of child care for infants and toddlers, the authors conclude that there is a mismatch between the rhetoric of parental choice and the realities facing parents of young children in the United States. They call on communities, businesses, foundations, and government to play a larger role in helping parents secure good care for their infants and toddlers.

Deborah Phillips, Ph.D., is professor and chair of the department of psychology at Georgetown University.

Gina Adams, M.A., is a senior research associate who directs child care research at The Urban Institute.

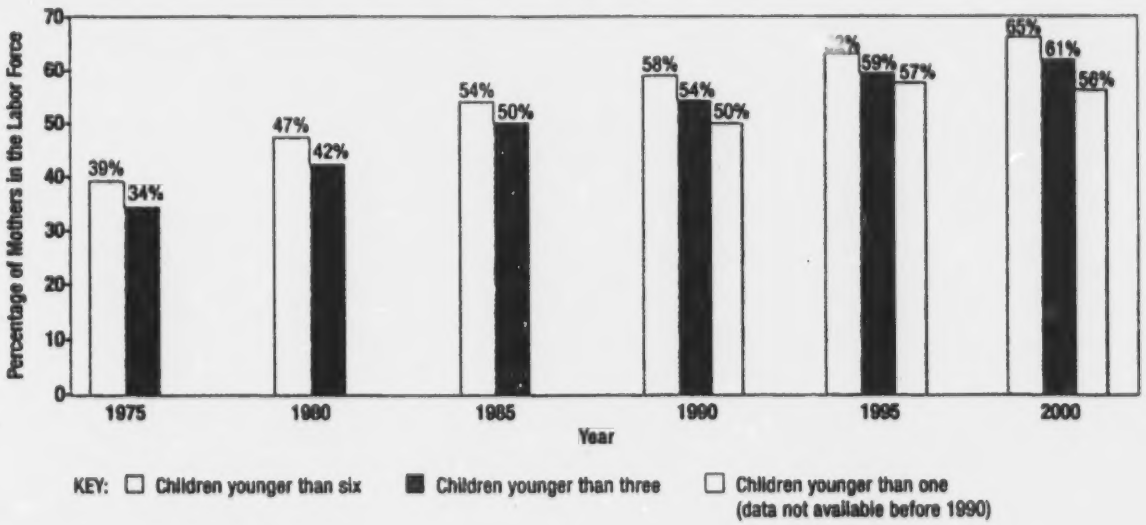
The topic of care for infants and toddlers cuts to the heart of conceptions of parental roles and responsibilities. Parents seeking a balance between providing economic resources for their families and providing nurturance for their children face difficult and, for many, constrained choices. Should they forego income so one parent can stay at home full time with a young child? Should they arrange their jobs so that each parent can combine employment and child care without relying on others? Should they combine employment with nonparental child care? Different parents face these decisions with differing resources, values, and available options. They nevertheless share a concern for the well-being of their children, and many experience anxiety and uncertainty as they begin to juggle their roles as workers and as parents of a new baby.

The vast majority of children under age three with working parents now spend substantial time in nonparental child care. This fact of contemporary life represents a dramatic reapportioning of the care of young children from parents to others, starting in the first few months of life. As a result, child care environments now constitute a central context for early development. They are the settings in which most children first learn to interact with other children and with adults other than their parents; and where they receive or miss out on crucial inputs for the vast store of early learning described in the article by Thompson in this journal issue. Under the best of circumstances, child care can also serve as a link between families and other services (for example, health care, early screening for developmental problems, and nutrition benefits) that promote healthy early development. Yet, the opportunity that child care affords to support parents as they raise their children, and to support young children's development during the earliest years of life, is too often squandered.

This article first summarizes what is known about infants' and toddlers' exposure to child care. It then turns to the question, "What is at stake?" by drawing upon new insights about how young children are affected by child care. The next section reviews what is known about the settings in which children receive child care and what they experience. This article then shifts to the parents' perspective and discusses the factors that impinge on their deci-

Figure 1

Trends in Employment for Mothers with Infants and Toddlers



Source: Bureau of Labor Statistics, unpublished tabulations.

sions about whether, when, and what kind of child care to use. A discussion of the public policies that bear on these decisions and, in turn, affect the child care that young children receive in this country leads to final thoughts about necessary actions in this time of vulnerability and opportunity for infant and toddler child care.

Redistribution of Infant and Toddler Care

The rapid growth in maternal employment is among the most commonly noted trends of the past quarter century. In 1975, some 34% of mothers with children under age three were in the workforce. In 2000, this figure reached 61%. Among mothers of infants, rates of employment climbed from 50% to 56% in just the past decade.[1] (See Figure 1.) Accordingly, the care of infants and toddlers has undergone a dramatic transition from being the primary responsibility of mothers to becoming the shared responsibility of parents and child care providers.

According to national surveys, by the mid-1990s, about 6 million infants and toddlers were in some form of regular, nonparental child care.[2] A more striking portrait of infant and toddler child care is revealed when families' child care decisions are followed from birth. This is exactly what was done in the National Institute of Child Health and Human Development's (NICHD) Study of Early Child Care.[3] This study has followed a diverse (but not nationally representative) sample of more than 1,200 families around the country since their baby's birth to track and understand the consequences of their child care choices (see Box 1).[4] Almost three-quarters of the infants (72%) experienced regular, nonparental child care during the first year of life, with the vast majority entering care before four months of age. Families that were heavily dependent on the mother's wages, and those who had experienced bouts of poverty or welfare dependence, placed their infants in child care at the earliest age (prior to three months old), whereas those with higher incomes were able to wait a bit longer. For the vast majority of infants, this point of first entry marks the beginning of a child care history that stretches into the mid-elementary school years.

Children not only start child care within the first few months of life, but they are in extensive hours of care from

Box 1

The NICHD Study of Early Child Care and Youth Development

Aware of the growing use of child care and the increasing public and policy concern about this issue, the National Institute of Child Health and Human Development (NICHD) of the U.S. Department of Health and Human Services set out to develop a comprehensive, longitudinal study about the relationships between the child care experiences of children and their development over time. The NICHD Study of Early Child Care is the most comprehensive child care study conducted to date in the United States. Beginning in 1991, a total of 1,364 children and their families from diverse economic and ethnic backgrounds, and living in 10 locations around the country, were enrolled in the study at the time of the child's birth. The children are now entering the sixth grade, and there are 1,100 families still participating in the study.

Parents in the study—not the researchers—selected the type and timing of child care that their children received. The children were placed in a wide variety of child care settings: care by fathers, other relatives, in-home caregivers, child care home providers, and center-based care. The research team observed these settings at regular intervals (6, 15, 24, 36, and 54 months) to assess the quality of care, which was found to be highly variable. Family characteristics were also regularly assessed, including the family's economic situation, family structure, the mother's psychological adjustment and child-rearing attitudes, the quality of mother-child interactions, and the extent to which the home environment contributed to the optimal development of children. Various aspects of individual children, such as their gender and temperament, were also considered. The children's developmental outcomes were assessed using multiple methods (trained observers, interviews, questionnaires, and testing) that provided measures of many facets of children's development (growth and health, cognitive and language development, school readiness and achievement, their relationship with their mothers, self-control and compliance, problem behaviors, and peer relations). The findings are reported on a regular basis at scientific meetings and in scientific journals and books. To obtain further information contact Sarah L. Friedman, Ph.D., project scientist/scientific coordinator, at FriedmaS@exchange.nih.gov or (301) 435-6946. Ongoing updates about the study are available online at http://public.rti.org/secc.

the beginning. The infants in the NICHD study averaged 28 hours of nonparental child care per week when they were first enrolled. These numbers correspond closely to nationally representative data from the National Survey of America's Families (see Box 2), which indicate that infants and toddlers with working mothers, who were enrolled in child care in 1997 spent, on average, 25 hours per week in their main arrangement.[5]

It is difficult to determine whether this surge in infant and toddler child care is due to choice or to the necessity of early and extensive employment. Both possibilities are undoubtedly true, to differing degrees, for different families. Yet, the incentives built into national policies and the strong economy create substantial costs for families who rely exclusively on parent care during the first months and years of life. As a result, child care is now a common and permanent fixture on the landscape of early experiences. If young children were in child care sporadically or for only a minimal number of hours, its developmental consequences might matter less. This is, however, decidedly not the case.

What Is at Stake?

The juxtaposition of early and extensive exposure to child care with evidence of the importance of early experiences (see the article by Thompson in this journal issue), raises compelling questions about the developmental effects of child care as it is now experienced by infants and toddlers in the United States. These questions are often phrased as, "Is child care good or bad for babies?" Research indicates that child care is not a monolith. There is no single story to tell about how child care affects children.[6,7] But it does affect them.

Child Care as Risk and Protection

Sometimes, child care enhances the lives of young children and fosters their development. Sometimes, it puts children at risk and undermines their development. Both the positive and negative effects derive not from child care alone, but also from how the family responds to the circumstances that led them to use child care in the first place, and how they respond to their children when they are with them. Indeed, one of the most important findings from research on child care is that parents and the home environments they create remain the predominant influences on young children's adjustment and well-being, despite the substantial time that many youngsters spend in nonparental child care settings. The question today is not *whether* child care affects development or *which* environment—home or child care—has the greater influence, but rather *how* child care intersects with what transpires at home to affect early development.

Box 2

National Survey of America's Families

The National Survey of America's Families (NSAF) is a national survey of U.S. families, conducted by the Urban Institute as part of the Assessing the New Federalism (ANF) Project. The first wave of the survey was conducted in 1997, and the data from this survey are available for public use. The second wave of the survey was conducted in 1999, and will be released for public use in 2001.

The survey is representative of the noninstitutionalized, civilian population of persons under age 65 in the nation as a whole and in 13 states: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. Together, these states are home to more than one-half of the nation's population and represent a broad range of fiscal capacity, child well-being, and approaches to government programs. The data in the survey provide a comprehensive look at the well-being of adults and children, and reveal sometimes striking differences among the 13 states studied in depth. The survey provides quantitative measures of the quality of life in America, and it pays particular attention to low-income families.

Data were obtained on one or two respondent adults, the respondent's spouse or partner, and up to two focal children for each household. Child care data were collected on child care arrangements and hours of care for each focal child. Monthly child care expense data and whether the family received any help in paying for child care were collected for each family. The survey oversamples households with low incomes, defined as below 200% of the federal poverty level.

For more information on NSAF, see the Web site at http://newfederalism.urban.org/nsaf/.

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Research on child care and the mother-infant relationship provides a useful illustration. Under some circumstances, child care can protect children from the problematic parent-infant interactions that can accompany family-based risk (such as poverty, maternal depression, or high levels of conflict), but it can also exacerbate risks that children face at home.

The premise that good out-of-home environments can compensate for high-risk home environments underlies the nation's early intervention policies. This idea has been supported by a large amount of literature on both early intervention and more typical child care programs.[8] The child care research has, for example, reported positive associations between child care and parent-infant interactions for children exposed to maternal depression and poverty. In the NICHD study, mothers living in poverty whose infants were enrolled in full-time, high-quality child care were more positively engaged with their babies than were mothers of infants not in child care or in low-quality care. Similarly, depressed mothers who relied on child care interacted more positively with their infants than did similarly depressed mothers who used no child care.[9] Other studies have also reported that child care can buffer infants from the detrimental effects of maternal depression.[10]

Yet, other research has found that certain patterns of infant child care use, in the context of troubled family functioning, are associated with disrupted mother-infant relationships.[11] In the NICHD study, when children under age two had insensitive or unresponsive mothers and also experienced child care that lasted more than 10 hours per week or was of poor quality or unstable, insecure mother-infant attachment relationships become more common.[12] When neither the home nor the child care setting provides the supportive, responsive caregiving that infants require, their capacity to establish positive bonds to their parents (and perhaps to their caregivers, as well) can be compromised.

Mother-child interactions in families that are not characterized by obvious risk factors are also affected by child care. For example, among families in the NICHD study with higher incomes and nondepressed mothers, infants who spent more time in child care experienced somewhat less favorable patterns of mother-infant interactions than did the infants not enrolled in child care. These patterns persisted over the first three years of life.[13]

In sum, it is no longer appropriate to ask whether child care is good or bad for children without simultaneously considering what they are experiencing at home. Child care can expose young children to risk or protect them from it; it can exacerbate troubling family circumstances or it can provide beneficial experiences for children who do not receive them at home. Research has also revealed a great deal about the characteristics of child care that matter most in affecting whether children get off to a promising or worrisome start in life.

Children's Experiences in Child Care: What Matters?

Child care's contributions to children's development hinge on whether children's experiences in care support or undermine their needs for responsive, dependable, and stimulating caregiving (see the article by Thompson in this journal issue). Researchers who study variation in the quality of child care now focus on the interactions that transpire moment by moment between child care providers and the children in their care. Does the caregiver respond quickly to the child's bids for attention or are they frequently ignored? Does she talk and read to the child a lot or just a little? Does she engage the child in age-appropriate activities and foster supportive friendships? Is she warm and affec-

Beneficial child outcomes are most likely when caregivers are responsive, warm, and sensitive to the children and surround them with rich language.

tionate or distant and harsh? Is she patient or easily overwhelmed by frustration?

One of the most consistent findings in developmental research links the quality of care that young children receive to their well-being, developing skills, and subsequent adjustment.[6,7] The associations, while statistically significant, are often relatively small in magnitude when considered one by one. Yet, when considered in light of the vast numbers of children involved and the extensive history of child care that most young children now experience, their collective impact may be quite large.[14]

Beneficial child outcomes are most likely when caregivers are responsive, warm, and sensitive to the children and surround them with rich language. Therefore, benefits are associated with the features of care that foster those interactions, such as small ratios of children to adults, as well as qualified and stable child care providers.[15-17] This finding has emerged repeatedly in studies across the country that observe children in different types of care and examine different outcome measures (for example, language acquisition, cognitive skills, peer interactions, behavior problems, and school readiness skills, such as task persistence and compliance with adult requests).

For infants and toddlers, the number of children that a child care provider is responsible for (the child-caregiver ratio) appears to be particularly important in fostering developmentally supportive exchanges in all types of child care.[15] Caregiver qualifications also matter for infants and toddlers. Home-based caregivers of infants provide more responsive and stimulating care if they received specialized training. Across types of care, toddlers receive better care when their child care providers are more highly educated. Finally, no or minimal TV viewing is also associated with significantly better outcomes for children in child care.[17] The caregiver's experience alone (years spent providing child care) is rarely associated with higher-quality child care or better developmental outcomes.

Beyond the developmental contributions of child care quality, there have been longstanding debates regarding the effects of "exposure" to child care of any quality. Exposure is typically measured as cumulative hours in care, but it is also studied with regard to age of entry into care.[18] The evidence on this issue is less consistent than that on quality of care, with some studies reporting that more hours in child care are associated with negative outcomes for children, while others fail to find such an association.

This issue was recently thrust back into the forefront of concern based on evidence from the NICHD study that children who spent more time in nonmaternal care during the first four and one-half years of life were perceived by their preschool and kindergarten teachers as more aggressive, assertive, and defiant than children of the same age who spent less time in child care.[19] The vast majority (83%) of the children who experienced an average of 30 or more hours of child care per week prior to school entry were not rated as showing aggressive behavior, and the overall distribution of teacher ratings for these children matched what one would find in a random sample of kindergartners. But the 17% of these children who were perceived as more aggressive stands in contrast to the 9% of their age-mates who experienced little or no child care and were similarly perceived. Among the children who were in higher-quality care or raised by relatively more sensitive mothers, teachers were somewhat less likely to distinguish between those who spent more or less time in child care, but the relationship between time in care and aggressive behavior remained, even for these children.

Future evidence will indicate if this relationship endures or disappears as children move through the elementary school years. In the meantime, researchers can only speculate about its interpretation. One possibility is that part of spending time with peers, particularly when children first make the transition to peer groupings as preschoolers or kindergartners, involves the display of some aggressive behavior by some children. Problems may also arise from child care staffing changes—child care providers typically receive little

Wonderful and woeful care can be found in all types of arrangements. Caregiver qualifications and skill in managing classroom interactions appear to be the active ingredients.

training in how to promote positive social skills, and yearly staff turnover rates are high. It is clear that, as a nation, we need to pay much greater attention to fostering healthy social relationships among young children, as noted in the article by Thompson in this journal issue.

With regard to type of care, children who spend more time in group- or center-based child care settings after the first year of life are better prepared for the academic work of school but, in some instances, show more assertive and aggressive behavior toward classmates.[20,21] The positive cognitive outcomes may be associated with the generally higher qualifications of center-based child care providers and stronger literacy environments found in child care centers as compared to other child care settings. The social outcomes may reflect poor adult management of children's interactions with their peers in child care settings. Both speculations await careful study.

In sum, the developmental effects of child care derive primarily from the quality of the interactions and experiences they provide for young children. Recent evidence further demonstrates the importance of paying greater attention to the social development of young children who spend a considerable number of hours in child care as it exists in the United States.

Although the type of child care used has implications for children's experiences in care and for their development, it is essential to keep in mind that wonderful and woeful care can be found in all types of arrangements. Caregiver qualifications and skill in managing classroom interactions, rather than the type of child care per se, appear to be the active ingredients linking the type of care to child outcomes.

There is, thus, no shortcut to finding developmentally beneficial child care for infants and toddlers. It requires taking the time to observe how caregivers interact, talk, and play with the children in their care; how they support their early learning; and how they manage children's earliest social relationships.

The Diversity of Infant and Toddler Child Care

If there is one feature of child care in the United States that most sets it apart from other countries, it is the diversity of child care arrangements that are available to and used by families with young children. The options encompass numerous types and combinations of care, and variation in quality that ranges from unsafe to outstanding care.

Type of Child Care

The arrangements that parents make for their infants and toddlers span every conceivable combination of care by mothers, fathers, and others. The complexity of those care arrangements tends to get lost in efforts to categorize and portray them. Most portraits of parents' child care choices capture only one moment in time, whereas child care from the child's and family's perspective is a moving target that spans years.

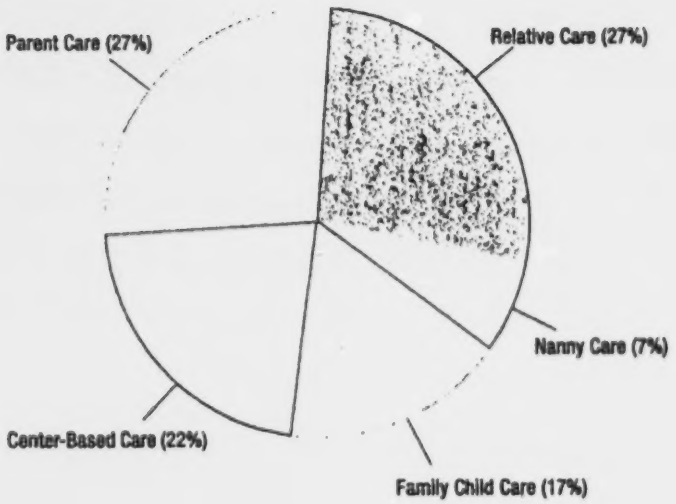
As seen in Figure 2, in 1997, infants and toddlers with employed mothers were in an array of primary arrangements.[5] This picture tells two stories. As it has historically been the case, a surprisingly large number of infants and toddlers with employed mothers—fully 27%—are cared for by their parents while their mothers work. This includes two-parent families in which one parent does not work, two-parent families in which the parents work different shifts, and families in which a parent cares for the child while working.[5,22]

Once parents turn to others for help in caring for their infants and toddlers, they most commonly turn to grandmothers and other female relatives—another 27% of the infants and toddlers with employed mothers are cared for by relatives. (See the article by Zinsser in this journal issue.) Even so, almost 40% of infants and toddlers with employed mothers are cared for in group settings, such as centers and family child care homes. Center-based care is a growing segment of child care for this age group—tripling in the 20 years after 1977,[23] to reach 22% of children under age three with employed mothers in 1997.[5] In contrast, regardless of the age of

Figure 2

Primary Child Care Arrangements for Children Under Age Three with Employed Mothers

Percentage of Children in Each Child Care Arrangement



Source: Ehrle, J., Adams, G., and Tout, T. *Who's caring for our youngest children: Child care patterns of infants and toddlers.* Washington, DC: The Urban Institute, 2001, figure 1, p. 4.

the child, family child care providers, babysitters, and nannies are used less often than are child care centers.

In looking beyond this static portrait of child care, two important points become apparent. First, children move rapidly into center-based care arrangements (including child care programs and nursery schools) over the course of the first three years, such that 15% of infants and 27% of two-year-olds with employed mothers attend centers.[5] (See Figure 3.) Second, most children experience multiple child care arrangements over the course of their first three years of life as parents combine arrangements to cover the hours for which they require child care, and move from one arrangement to another over time. For example, one in three infants in the NICHD study experienced three or more different arrangements during just the first year of life.[4] The NSAF data reveal that 28% of infants—rising to 38% of two-year-olds—with working mothers experienced two or more nonparental arrangements over the course of one week.[5] In many instances, these are stable arrangements that recur every week. Sometimes, however, children are exposed to a shifting array of arrangements as parents piece together child care to meet their short-term needs. The consequences for child development in such unstable patterns of care remain unknown.

The forms of care that parents use vary rather systematically with race/ethnicity and family characteristics.[5] For instance, research on children with working mothers indicates that nearly 1 in 3 black children and 1 in 4 white children are cared for in centers, compared with 1 in 10 Hispanic children. Hispanic children are much more likely to be in relative care. However, the percentages of infants and toddlers in parent care while the mother works do not differ significantly for the three racial/ethnic groups. Single working parents are (not surprisingly) less likely than two-parent families to rely on parent care, but they are much more likely to rely on other relatives (see Figure 3). There are relatively few differences by income in the child care arrangements used by single-parent families. Among two-parent families, however, those with lower incomes are least likely to rely on center care and nanny care, and are most likely to use care by relatives and parents.[5] These patterns capture just a few of the influences that work together to affect the types of care that any particular family uses: access to a second parent or a relative, the cost of care relative

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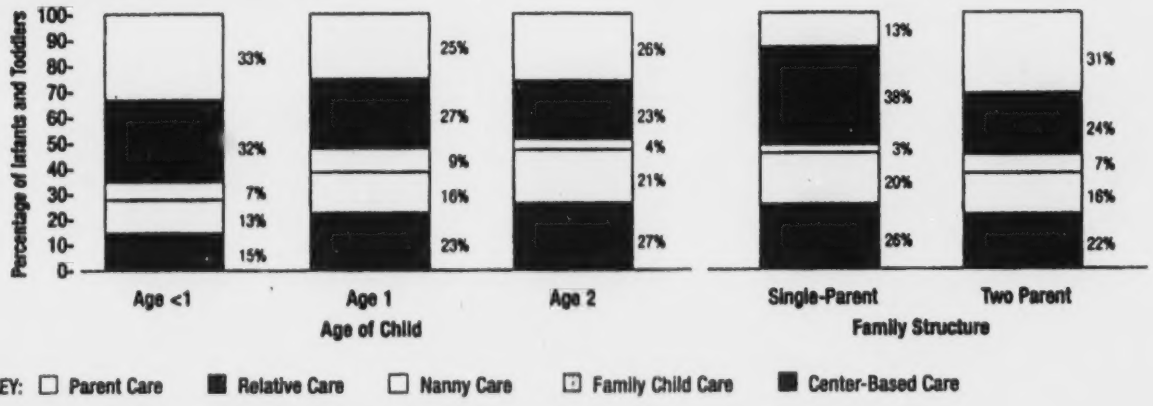
Figure 3

Primary Child Care Arrangements for Children Under Three with Employed Mothers, by Child's Age and Family Structure



Source: Ehrle, J., Adams, G., and Tout, T. *Who's caring for our youngest children: Child care patterns of infants and toddlers.* Washington, DC: The Urban Institute, 2001, figures 2 and 7, pp. 4-11.

to family income, and choices that seem linked to cultural or ethnic patterns or experiences.

Quality of Care

Children not only move across multiple types of care over time, but the care they experience varies widely. Some receive ample opportunities for nurturance, friendships, and early learning; but others are exposed to safety hazards, unstimulating environments, and unresponsive supervision by ever-changing caregivers. Variability is present in all types of care. Of great concern, as well, is evidence of widespread inequities in children's access to better care.

Uneven Regulations

Illustrations of the variation that is tolerated in this nation's child care programs are plentiful. Infants in the NICHD Study of Early Child Care, for example, were observed in groups (across all types of care) that varied from a single child to 30 children. Observed adult-child ratios ranged from 1:1 to 1:13.[15] An earlier multi-site study of child care centers found ratios in infant rooms that ranged from 1:2 to 1:9, and increased to 1:14 in toddler rooms.[24] Another study of home-based providers, including relatives, reported that some toddlers were cared for alone, while others were surrounded by seven other toddlers.[25] These wide ranges are not surprising in light of the differing state child care regulations that allow, for example, from 3 to 12 infants per teacher in center-based arrangements, and three to six infants and toddlers per regulated, home-based provider.[26] Professionals recommend three to four infants per caregiver.

Moreover, most infants and toddlers are in child care settings that operate without the protection provided by even these highly variable regulations. More than one-third of children in this age range receive care by nannies or relatives, and many are in small family child care homes that are exempt from any regulatory oversight. No state requires nannies or relatives to be regulated, and in 1999, 10 states did not require family child care homes serving five or fewer children to meet any health and safety standards.[27] Even when appropriate regulations exist, enforcement of those regulations is not a sure thing, given the high cost of maintaining sufficient monitoring staff to scrutinize all regulated child care settings. As a consequence, although consumer protec-

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tion agencies monitor food, toys, medication, and equipment to ensure a baseline of safety for children, no equivalent safety threshold is promised to all infants and toddlers in child care—despite their considerable vulnerability. A 1998 Consumer Product Safety Commission study of 220 licensed child care settings (both home- and center-based) found that two-thirds had at least one safety hazard, including cribs with soft bedding, no safety gates on stairs, unsafe (or no) playground surfacing, and use of recalled products.[28] Inadequate regulations and lax enforcement contribute to worrisome conditions under which even basic safety can be compromised.

Poor Quality

Significantly, the exposure of young children to the lower end of the quality spectrum is not rare. In virtually all large-scale studies of child care in the United States, approximately 20% of the settings that participate in research have been found to fall below minimal thresholds of adequate care. These are settings in which caregivers more often ignore rather than respond to infants' and toddlers' bid for attention, age-appropriate or educational toys are in scarce supply, and children spend much of their time alone in their cribs or wandering aimlessly—not engaged with adults, other children, or materials.

Even children in settings that exceed minimal thresholds of safety and quality do not necessarily experience care that is developmentally beneficial. For example, the NICHD Study of Early Child Care studied several different aspects of program quality—the extent to which caregivers stimulated cognitive and language development, the extent to which they were actively engaged with the children, and the sensitivity they showed in their interactions. Studies showed that three-quarters of infant caregivers provided only minimal stimulation of cognitive and language development. One caregiver in five interacted with the children in what observers rated as a moderately or highly detached way.[15] Fewer than 25% of infants were cared for by highly sensitive caregivers. Overall, fewer than 20% of toddlers were in settings where observers found that positive caregiving was "highly characteristic."[15]

Moreover, young children's needs for consistent caregivers often go unmet in this nation's child care settings. Turnover rates for child care providers are among the highest of any segment of the labor force tracked by the U.S. Department of Labor,[29] hovering at 30% per year. Studies of center-based staff have found that 25% to 40% leave their jobs each year.[24,30] Similarly, a study that followed home-based providers over the course of one year reported that one of three stopped providing care during that time.[31]

This evidence explains why so many researchers who observe typical child care settings note that the majority of child care in the United States is no better than "mediocre"—neither blatantly harmful nor likely to foster developmental growth. Most studies also find examples of care that represent the extremes of both good quality and risk to children.

This range of quality becomes particularly worrisome when juxtaposed with evidence about which children experience better and worse child care. Several studies have now reported that children from homes that are poor and stressed receive lower-quality child care than other children.[25,32–34] One exception to this pattern exists: Among families using center-based care, the lowest quality of care was used by working poor and moderate-income families, compared to families living in poverty and those with higher incomes.[33,34] Thus, children placed at risk by poverty receive much of the poorest and some of the better child care that this country has to offer. This finding shows that some poor children using centers benefit from their eligibility for programs, such as Early Head Start and for child care subsidies.

However, funding for programs and subsidies is not sufficient to serve all eligible children, and the value of the subsidies is not always adequate to purchase high-quality care. Nevertheless, when assessed in the early 1990s, the quality of care in publicly subsidized programs tended to be higher than that in community-based child care centers that relied more heavily on parent fees.[24,34,35]

In sum, infant and toddler child care in the United States is diverse in type, highly variable in quality, and often inadequate or even unsafe. Higher-quality programs are inequitably distributed and often beyond the reach of families with modest incomes and of those low-income families who do not receive subsidies. The diversity of available arrangements may help parents find child care that covers their work hours and corresponds to their values, but care choices are shaped by constraints and compromise, as much as by preference.

How Real Is Parent Choice?

Parents' decisions about child care are an important component of parental influence in the early years of life. These decisions reflect parents' efforts to juggle their dual roles as economic providers and nurturers for their children. As described earlier, research indicates that, for many of today's infants and toddlers, these decisions result in early entry into many hours of child care and exposure to an array of child care settings of highly variable quality. Much less is known about how parents actually navigate the many decisions that confront them and about the factors that guide or impede them.

Much of the policy debate about child care in the United States has been framed by a fundamental belief in "parent choice," meaning that parents should have the ability to choose the type of care arrangement (including parent care) that they feel best suits their children and affirms their values. In reality, any parent's child care choices are intensely personal and reflect a complex (and poorly understood) mix of preferences and constraints. Researchers have examined constraints on the options available to specific families as well as families' ability to afford the options they want, their work patterns, and their access to information about their options.[36] Constraints of supply are especially salient to parents of infants and toddlers, compared to parents with preschoolers; and the choices of low-income families with young children are especially limited by financial considerations.

Constraints of Cost

Child care for infants and toddlers is more costly than is child care for older children, largely because it is so labor-intensive. A recent survey of average child care prices in urban areas in 47 states (one city per state) found that in over one-half of the cities surveyed, full-time care for an infant (12 months old) was more than $6,032 per year for child care centers, and more than $5,000 per year for family child care homes.[37] (See Table 1.)

Less-formal options are generally less expensive than child care centers and family child care homes, with the exception of nanny care, which can be more costly. For example, national data from 1993 indicated that approximately four in five arrangements with relatives for children under six years of age were unpaid, and those families who did reimburse relatives for child care paid about two-thirds of the cost of center-based care.[38] Parent care can appear to be the least expensive child

Table 1

Average Annual Costs of Child Care in Selected Urban Areas for a 12-Month-Old in Center-Based Care or Family Child Care in 2000

Urban Area	State	Center-Based Care	Family Child Care
Conway/Springdale	Arkansas	$3,900	$4,680
Bismark	North Dakota	$4,961	$4,175
Dallas	Texas	$5,356	$4,784
Statewide urban areas	West Virginia	$5,538	N/A
Orange County	Florida	$5,708	$4,549
Boise	Idaho	$5,881	$3,380
Atlanta	Georgia	$6,032	N/A
Statewide urban areas	Iowa	$6,750	$4,950
Los Angeles County	California	$6,995	$5,533
King County (Seattle)	Washington	$7,696	$6,344
Nashua	New Hampshire	$9,046	$6,807
St. Paul	Minnesota	$10,414	$6,237
Boston	Massachusetts	$12,978	$7,726

Source: Schulman, K. *The high cost of child care puts quality care out of reach for many families.* Washington, DC: Children's Defense Fund, 2000, pp. A-3, A-4.

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Parental economic independence, rather than child development, is the goal of most of the nation's child care policies.

care option, if only direct "out-of-pocket" expenditures are considered. However, it often involves the indirect costs of one parent's foregone earnings, or marital strains when the parents work split shifts.[39] This option is, of course, not available to many single parents for whom working is a necessity.

Families with infants and toddlers also face these higher costs at a time of limited income because they are young and have not yet advanced in their careers and earnings. In 1999, for example, one-half of all three-person families had incomes at or below $43,275.[40] In more than one-half of the sites listed in Table 1, a family with this median income would spend 14% or more of their gross income to purchase average-priced, center-based care for one child.

Constraints of Supply and Quality

Research suggests that there is an overall shortage of infant and toddler care, and that good-quality child care is particularly scarce for this age group.[41,42] For example, a parent survey in North Carolina found that 59% of parents who had infants, and 43% of those with one-year-olds, had not found care after six weeks of searching.[43]

These supply problems derive, in part, from the fact that it is hard for the child care market to sustain what many parents cannot afford. Higher-quality programs that employ more qualified staff, assign fewer children to each caregiver, and pay employees higher wages, must cover these costs with higher fees.[44] Given the challenges that families with young children face in trying to afford even average-priced care, many need financial assistance to use better, more costly programs. Understandably, the child care market in low- and moderate-income neighborhoods is often unable to sustain higher-quality programs, unless public or charitable resources are available to support these programs.

In addition, research and anecdotal evidence suggest that there are shortages of particular types of child care, such as care for children with special needs or disabilities, care that reflects the racial and ethnic make-up of children from minority groups, care that is accessible for linguistic minority families, and care in rural areas.[44] Transportation can also be a factor that limits access to child care programs, particularly for low-income parents who may have fewer programs available in their communities.

Constraints of Work and Family Patterns

Two other factors, parent work patterns and family structure, also affect parents' ability to exercise their choice of child care arrangements. Both factors can shape parental preferences, or constrain parents as they seek to enact those preferences. For example, some parents choose to work evening and weekend hours to split shifts with their spouse and thus avoid using nonparental child care. Other parents are obliged to work evening and weekend hours, even though they may be unable to find the care they prefer for their children during their work hours. Numerous studies have described the shortages of odd-hour child care.[41,44,45]

Parental work patterns also interact with family structure to shape child care patterns. Infants and toddlers in two-parent families with at least one parent who does not work full time are far less likely to be in nonparental child care than are children of single parents with full-time jobs (56% versus 90%).[5] Similarly, family structure affects whether parents have access to relatives, either in the home or nearby, to help them care for their children. Not all families prefer this type of care, but undoubtedly some who would make that choice do not have relatives available, willing, or capable of providing child care.

Constraints Interact for Low-Income Families

These factors work in concert to affect whether parents can choose the child care they prefer. Such forces espe-

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cially constrain the choices of lower-income parents with very young children, for whom cost, supply, and transportation barriers can be daunting.[46] Lower-income families are also more likely to work jobs with odd hours or irregular schedules that limit their ability to use more formal, regulated child care options when this is their preference.

It is not surprising, then, that national surveys find that low-income families with infants and toddlers are more likely to rely on relative or parental care, while higher-income families use more costly care in centers and by nannies. (See Table 2.) It is also not surprising that, in the absence of access to subsidized programs, low-income working families receive child care of poorer quality than do families with greater resources. These patterns occur even though lower-income families pay a significantly higher proportion of their income for child care than higher-income families pay. For example, in 1997, working families with children younger than age 13 who earned 200% or less of the poverty threshold and paid for child care, spent two to three times the share of their family earnings on child care compared to nonpoor families.[47] Such inequities reflect the shortcomings of this nation's public policies that impinge on parents' child care decisions.

The Policy Context of Infant and Toddler Child Care

Child care policies should help parents balance their efforts to provide economically for their children and to ensure that their children get the nurturing they need for a strong start in life. These policies range from those that support parents who wish to remain at home with their young children, to those that help parents pay for nonparental child care and that support improvements in the quality of child care. Although the article by Knitzer in this journal issue describes promising examples of innovative policies in support of child rearing, these are far from comprehensive or systematic. Rather, child care in the United States is the by-product of a haphazard and sometimes contradictory collection of policies and programs that are not organized to support the dual roles of parents as providers and nurturers.

Policy Goals: Working Versus Nurturing

Most policies that affect parents' child care options are designed to facilitate employment and do little to help parents simultaneously ensure that their children receive safe, nurturing, and stimulating child care—either at home or in child care settings. Parental economic independence, rather than child development, is the goal of most of the nation's child care policies.

This incentive structure is seen in policies as diverse as the 1993 Family and Medical Leave Act (FMLA) and the Child Care and Development Fund. As other articles in this journal issue explain, the FMLA allows parents who wish to stay home to care for a new infant to take an unpaid 12-week leave. However, the FMLA fails to cover many working parents, and it also fails to recognize that many others cannot support their children economically if they take an unpaid leave.[48] For low- and moderate-income families who do take a leave, nurturing their infants comes at the price of economic hardship.

At the same time, public child care subsidies that are available to mothers on public assistance (for whom work is now mandated),[49] and some low-income working families, are justified primarily as an essential service to enable parental employment. These subsidies place

Table 2

Primary Child Care Arrangements of Children Under Age Three with Employed Mothers, by Family Income

Type of Care Used	Family Income Level		
	Poor	Low-Income	Higher-Income
Center-Based Care	18%	16%	25%
Family Child Care	17%	12%	18%
Nanny	1%	5%	8%
Relative Care	28%	39%	23%
Parental Care	35%	28%	26%

Key: Poor = Below 100% of federal poverty level
Low-Income = 100% to 200% of federal poverty level
Higher-Income = Above 200% of federal poverty level

Source: Ehrle, J., Adams, G., and Tout, T. *Who's caring for our youngest children: Child care patterns of infants and toddlers.* Washington, DC: The Urban Institute, 2001, figures 6 and 8, pp. 10, 12.

Public subsidies support child care for only 15% of eligible families.

only minimal emphasis on improving the quality of the care that is available, or on helping parents gain access to higher-quality arrangements. Federal subsidies are capped so that families cannot access more expensive child care programs. Moreover, although states are required to spend 4% of their federal child care funding on quality improvement efforts, this amount pales in relation to the 25% set aside for quality in the Head Start program.[50] Such limited dollars can do little more than support isolated, scattershot efforts to improve child care quality.

For nonpoor families, the Dependent Care Tax Credit (DCTC) offsets some of the child care costs associated with working (see also the article by Knitzer in this journal issue). There is no evidence that the credit affects the quality of care that parents select, nor does it improve the system overall. Thus, this large child care subsidy (an estimated $2.2 billion in 2000)[51] supports parental work but ignores the well-being of children.

In sum, policies that impinge on parents' child care decisions fail to recognize that parents are both providers and nurturers for their children. Typically, they address only the economic role. As a result, the reallocation of infant and toddler child care from parents to others has not been accompanied by any systematic or comprehensive policy effort to ensure the safety and well-being of the infants and toddlers involved.

Policies Sustain Inequities in Access to Child Care

This nation's child care policies are also fragmented: Different policies are targeted to different kinds of families, and they do not treat families equitably. Subsidies are generally targeted to low-income families and/or families who are in crisis, with the highest priority often going to families who are moving from welfare to work. In many states, only a fraction of the eligible families are served, with the result being that low-income working families who have not been on welfare are less likely to receive assistance.[52]

Similarly, because the DCTC is not refundable, low-income families who do not owe income tax are unable to benefit from it, even if they have child care expenses that would otherwise qualify them. At the same time, they may be unable to get other forms of assistance that are reserved for the very poor or are targeted to families who are on or have been on welfare. Moreover, although the tax credit is available to any working parent with legal child care expenses and a tax liability (thus ensuring broad coverage of this income group), public subsidies support child care for only 15% of eligible families.[52]

As noted earlier, the presence of such programs as Early Head Start ensures that some very low-income families have access to care that is designed to support their children's development, though this program only serves 45,000 children. More commonly, however, such high-quality care is the special reserve of higher-income families. As long as family and medical leave remains unpaid, and families on welfare must go to work even if their children are very young, many low-income parents do not have the option of caring for their own children during the earliest months and years of life.

The Broader Context of Infant and Toddler Child Care

The options that parents face for the care of their infants and toddlers are also affected by policies affecting the larger system of care and education for preschoolers. Continuing ambivalence about public involvement in the care of very young children (see the article by Sylvester in this journal issue) stands alongside increasing public interest in school readiness programs that serve three- and four-year-olds. Yet, the rapid expansion of state prekindergarten programs threatens to drain qualified caregivers away from infant and toddler programs because the prekindergarten programs offer higher salaries, better benefits, and a nine-month work year. Center-based directors in several states report that initiatives aimed at reducing class sizes in elementary schools compound the staffing issues for programs serving younger children.[53] Efforts to improve the child care options available to infants and toddlers must therefore be designed to take into account the trends affecting this larger set of children's services.

Conclusions

One of the first and most personal decisions that parents must make is whether, when, and where to seek child care

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for their new baby. As this article illustrates, some parents genuinely have choices in these matters, but many others face a limited number of options that they can seriously consider. Although researchers have described the child care arrangements that result from parents' child care decisions, surprisingly little is known about how these decisions are made, the factors that undermine or support them, and the consequences they have for the family. This gap in knowledge must be addressed.

As this review makes clear, research indicates that parents with differing resources—family members, income, transportation—face very different options for the care of their young children. Distressingly, although some of the nation's public policies help certain families, they often aggravate the inequities that result from the workings of the infant and toddler child care market. Finally, the case can be made that the nation has not invested in the development of young children. On the one hand, society has failed to protect parents' ability to be with their infants and toddlers through adequate family leave policies or viable part-time work options. At the same time, it has also failed to protect the safety and well-being of infants and toddlers who are in nonparental child care settings while their parents work.

This is particularly troubling when numerous examples exist of policies that could effectively protect family economic well-being while also ensuring that young children are safe and well-nurtured (see the articles by Friedman, by Knitzer, and by Waldfogel in this journal issue). Examples include giving families adequate child care subsidies that incorporate incentives to purchase higher-quality child care, providing family leaves that include wage replacement, and targeting public funds to improve the quality and stability of available child care services (as does the military child care program described in the article by Lucas in this journal issue). There is a firm foundation of knowledge and experience upon which to build. Implementing these policies is now a matter of recognizing opportunities, heeding lessons learned, and developing the public consensus and political will to support all parents in their efforts to provide for and nurture their very young children.

Central to this agenda is matching the needs and capabilities of parents, communities, businesses, and government. Families are irreplaceable as sources of the loving and consistent relationships, and the safe and nurturing environments, that foster healthy development. Communities can foster healthy families by providing collective support and opportunities for constructive engagement through civic and voluntary organizations. Businesses can support parents as both nurturers and providers through flexible work schedules, viable part-time work opportunities, leave and benefit policies, and support for child care. Local, state, and federal governments have a critical role to play in ensuring the availability of protections and resources to support parents through such diverse mechanisms as tax policy, welfare policy, regulatory policy, and subsidy policy.

Policies that truly assist parents in their efforts to make the best choices they can for the care, protection, and economic support of their infants and toddlers require aggregate responsibility. Our current reality requires it—given that millions of working parents with very young children now use child care every day to care for and protect their children. Our current knowledge base sustains it—given what is known about the importance of the early years, and about the problematic quality of the care many children receive. And finally, given the daily struggles of parents to provide for and nurture their children, and the danger that infants and toddlers may miss out on the experiences needed for a good start in life, our conscience should demand immediate action.

ENDNOTES

1. Unpublished tabulations from the Bureau of Labor Statistics.
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Caring for Our Youngest: Public Attitudes in the United States

Kathleen Sylvester

SUMMARY

Families make choices about employment and care for their children in a context that is shaped by public policies and colored by public opinion. Debates over whether the government should increase funding for child care or do more to help parents stay home with their children reflect tensions among strongly held ideas about family life, work, and the role of government. This article summarizes the results of public opinion polls that probe attitudes about parent and government roles and responsibilities with respect to children's care.

The polling findings yield three main lessons:

- The American public believes that parents should be the primary influence in their children's lives and that it is best if mothers can be home to care for the very young.
- The public also values family self-sufficiency and understands that low-income families may need child care assistance to balance child rearing and employment responsibilities.
- However, skepticism about the appropriateness of government involvement in family life limits public support for proposals that the government act directly to provide or improve child care.

From these lessons, the author draws several conclusions for policymakers:

- Policies focused on caregiving should respect the rights of parents to raise their children by ensuring that an array of options is available.
- Public programs should help families who are struggling economically to balance their obligations to work and family.
- Rather than directly providing child care services, government should fund community-based child care programs, and provide flexible assistance to help families secure the services they need and want.

Kathleen Sylvester, M.A., is director of the Social Policy Action Network in Washington, DC.

By almost any measure of public opinion, Americans strongly support the idea of helping young children get a good start in life. Indeed, the public supports investments in children above other national priorities. A 2000 poll by the Opinion Research Corporation International conducted for Fight Crime: Invest in Kids found that 68% of respondents rated "providing access to after-school programs and early childhood development programs like Head Start" as a higher priority than cutting taxes.[1]

Yet in recent years, as policymakers have debated plans for investments in programs for young children, supporters of early childhood initiatives and child care legislation have struggled to make their case amidst growing tensions. These tensions arise as policymakers and the public face the difficult question of whether, and how much, government should help families with young children. When it comes to what the government's role should be in raising young children, it appears that the public has strongly held—and sometimes conflicting—beliefs.

These beliefs came into sharp focus in a number of polls conducted as the national elections approached in 2000. Pollsters and politicians attempted to gauge public opinion about a range of issues that fall within the broad category of family values. The polls looked at policy proposals on issues such as child care and government support for early childhood education. They also examined how Americans view parental responsibility, the roles of women and men, the role of government in helping families, and the extent of society's obligation to its least advantaged citizens. These polls provided a snapshot of how the American public views the relationship between government and families at the close of the twentieth century and the beginning of the twenty-first century.

The results indicated that the public's concern for children is shaped by a complicated set of beliefs. Americans' strongly held values—including the importance of family, work, and equal opportunity—are intrinsic to our nation's character. Those beliefs have come to fix the boundaries of public support for government interventions on behalf of very young children.

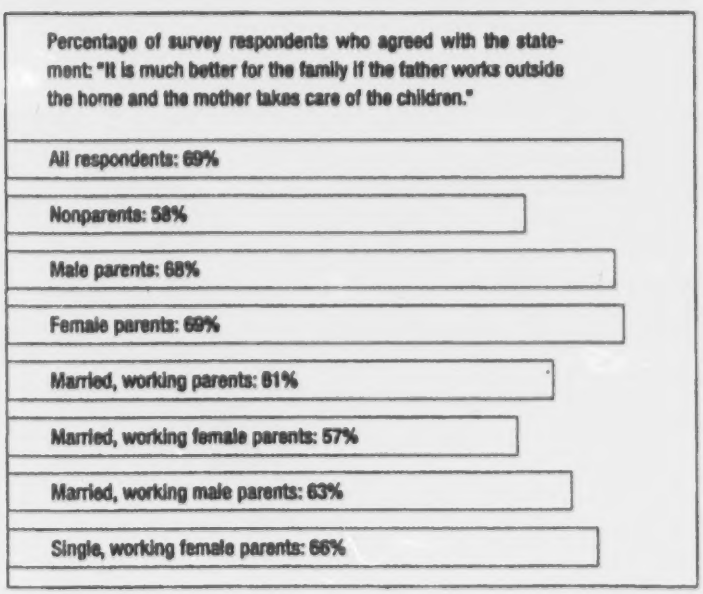
First Things First: The Primacy of Parents

Public attitudes often change as social norms change. Yet, one constant is the public's belief that parents should bear primary responsibility for raising their children. That opinion does not waver whether children are babies or teenagers.

Figure 1

Many California Adults Agree that Families Benefit if Mothers Remain Home

Results from a poll of 2,021 California adults, including 1,601 parents, conducted by telephone April 25–May 1, 1999.


Percentage of survey respondents who agreed with the statement: "It is much better for the family if the father works outside the home and the mother takes care of the children."
All respondents: 69%
Nonparents: 58%
Male parents: 68%
Female parents: 69%
Married, working parents: 61%
Married, working female parents: 57%
Married, working male parents: 63%
Single, working female parents: 66%

Source: *Los Angeles Times* Poll. Raising children in California. *Los Angeles Times*, June 12, 1999. Available online at http://www.latimes.com/news/timespoll/stats/426pa1sn.htm.

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Americans overwhelmingly feel that parents need to be spending more time with their children, particularly if those children are very young.

Necessary Compromises, a report published in 2000 by the nonpartisan opinion research firm Public Agenda, noted in its introduction, "Most parents consider [child care] an intensely personal decision and a family responsibility—few are looking for a governmental solution."[2] The findings of *Necessary Compromises* were based on a nationwide telephone survey of 815 parents of children age five or younger. Public Agenda conducted additional interviews with parents of children ages 6 to 17 and adults who were not parents. The report also included responses from a nationwide mail survey of 218 employers and 216 children's advocates. The results of the project? Public Agenda found that "There is solid consensus on what people consider most desirable: a parent at home, either mother or father, at least for the first few years of a child's life."[2]

Other polls also support the finding that Americans overwhelmingly feel that parents need to be spending more time with their children, particularly if those children are very young. In a September 2000 poll, *Women's Voices*, by Lifetime Television and the Center for Policy Alternatives, 800 women and 400 men nationwide were asked about stresses on family life. In that poll, both women and men responded that "parents spending more time with their children would be the best way to strengthen values in our country."[3] This was especially true of mothers with younger children.

Part of this consensus about the importance of parental involvement in young children's lives may be due to a growing public understanding of the importance of the first few years of life to children's long-term development. Over the past eight years, information about human brain development has reinforced the public's instincts about what is best for the very youngest children. One catalyst for this new interest was the 1994 report, *Starting Points: Meeting the Needs of Our Youngest Children*. The report, produced by Carnegie Corporation of New York, highlighted the critical importance of quality care in the first three years of life. In 1997, a follow-up report, *Rethinking the Brain: New Insights into Early Development*, emphasized the opportunities in the early years to promote healthy development and learning.[4]

Recent polls show that information about the importance of early care is beginning to permeate the public consciousness. For instance, in 2000, ZERO TO THREE, Civitas, and the BRIO Corporation sponsored a survey called *What Grown-ups Understand About Child Development: A National Benchmark Survey*. The survey questioned some 3,000 adults, including more than 1,000 parents of children under age six. In that poll, 69% of those surveyed said the statement that "Children's capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how their parents interact with them," was definitely false. Another 16% responded that the statement was "probably false."[5] This heightened attention to the early years contributes to public support for the notion that parents should spend time with their children—especially when they are very young.

When it comes to a choice about whether the stay-at-home parent should be a mother or a father, the public continues to favor mothers. As Figure 1 shows, both women and men feel that the responsibility for raising children should fall primarily to mothers. A 1999 *Los Angeles Times* poll, *Raising Children in California*, asked 1,601 California parents about their attitudes toward child rearing. In the survey, 68% of fathers and 69% of mothers felt that it is "much better for the family" if the father works outside the home and the mother stays home with the children.[6]

This view appears to be changing little over time. A 1999 report based on the results of the National Opinion Research Center's biennial General Social Survey of 3,000 adults found that, in 1994, only 11.6% of Americans believed a wife with a preschooler should work full-time. This rate was largely unchanged from the 10.7% recorded back in 1988.[7]

Ambivalence Toward Maternal Employment

Inconsistencies do arise in public opinions about mothers' roles. In September 2000, *The Washington Post*, the Kaiser Family Foundation, and Harvard University conducted a poll called, *Issues in the 2000 Election: Values*. In that poll, 79% of the nearly 1,500 registered voters surveyed agreed somewhat or strongly with the state-

ment, "It may be necessary for mothers to be working because the family needs money, but it would be better if she could stay home and take care of the house and children."[8] But a 1997 Pew Research Center poll, *Motherhood—A Tougher Job, Less Ably Done*, provides an example of contradictory attitudes toward women's roles. That poll of 1,101 women nationwide found that most women prefer to work, at least part time, rather than staying home full time with their children. However, the same poll found that only 17% of women believe that the increase in mothers working outside the home is a good thing for society.[9]

Although women and men would like mothers to be able to stay home with young children, demographic trends are moving in the opposite direction. According to a 2000 Census Bureau report, in the majority of married couples with children, both parents were working. The Census Bureau reports that, in 1998, both spouses were employed at least part time among 51% of married couples with children, compared with 33% in 1976. Even married or single mothers of very young children were likely to work at least part time: 59% of the women with babies younger than age one were employed in 1998, compared with 31% in 1976.[10]

These trends have set in motion a conflict between two core American values: the notion that mothers have primary responsibility for children and the notion that all American families should be economically self-sufficient. When those two values clash—that is, when the public perceives that there is a compelling economic reason for mothers to go to work—Americans seem more willing to support government investments in the care and education of very young children.

A Recognized Need for Child Care

A look at two interlocking public policy issues—child care and welfare reform—is instructive. World War II marked the beginning of the federal government's involvement in child care. As millions of American men went to war, millions of American women went to the factories. Because these women were viewed as sacrificing their roles as mothers to help America win the war, Americans had few qualms about public support to ensure that their children received good care; the federal government funded child care centers across the nation.[11]

At the end of the century, however, the issue that drove spending for child care was not patriotism, but self-suf-

ficiency. Passage of welfare reform again made child care an issue of broad public appeal. Why? Because it tapped into Americans' core beliefs in the value of work and self-sufficiency. In 1988, when Congress made its first attempt to reform the welfare system, the resulting law, called the Family Support Act, provided limited funds to subsidize child care for welfare recipients. Two years later, Congress expanded federal support of child care for low-income working families.[11]

When the debate over welfare was renewed in the mid-1990s, some advocates for welfare families took the position that women receiving welfare should not be required to work. They cited two reasons: that work requirements were effectively forced labor and that women on welfare should be able to stay at home with their children during the critical early years.

In the end, their position was rejected, and public support for the values of fairness and self-sufficiency won out. Why should some parents of young children get government support to stay at home when other parents of young children don't have that choice? The new welfare law allowed states to exempt new mothers from the work requirement until their children reached age one, but some states have adopted even stricter requirements. Wisconsin, for example, requires work after 12 weeks.

To ensure that welfare recipients are able to work, the 1996 federal welfare reform law included significantly more federal spending on child care subsidies for people who are receiving or leaving welfare. The measure gave states increased funds for child care subsidies (creating the Child Care and Development Fund), as well as flexibility to spend part of their welfare block grants on child care, and it had strong public support. A 1998 telephone survey of 1,762 adults by the Pew Research Center, *Deconstructing Distrust: How Americans View Government*, indicated that 74% of respondents favored increasing federal spending on child care for low-income families; 31% favored it strongly.[12] (See Figure 2.)

Two years later, *Necessary Compromises* highlighted the same theme. As the report noted, "We also found great sympathy for families who need two incomes to survive, or parents raising children alone (almost one third of those

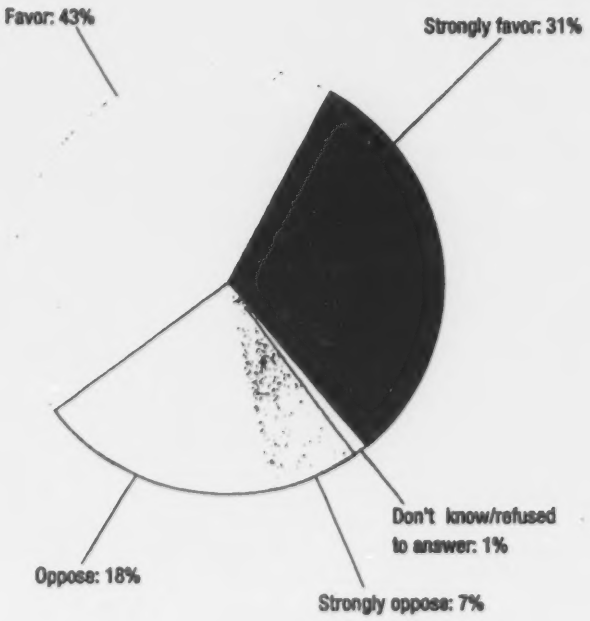
Figure 2

National Sample of Voters Favor More Child Care Spending for Low-Income Families

Results from a telephone interview survey of a nationally representative sample of 1,007 adults from February 19–22, 1998, conducted under the direction of Princeton Survey Research Associates.

Responses to the statement: "Now I am going to read you a list of some programs and proposals that are being discussed in this country today. For each one, please tell me whether you strongly favor, favor, oppose, or strongly oppose it. ... Increasing federal spending on child care for low-income families."

Source: *Deconstructing distrust: How Americans view government.* Washington, DC: Pew Research Center for the People and the Press, March 10, 1998. Available online at http://www.people-press.org/trustrpt.htm.



we surveyed either are single parents or had been single parents at some point) . . . By a greater than a three to one margin, parents say it is more important for parents on public assistance to use child care so they can work or go to school than to stay at home (71% versus 20%)."[2]

That same study also highlighted another prevailing parental attitude that influences the issue. More than 6 in 10 parents surveyed said they are very concerned about abuse and neglect in day-care centers.[2] The public, sympathetic with this concern, supports efforts to improve child care for those who must use it.

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In general, federal spending patterns show that political leaders have heeded these poll findings. The Child Care and Development Fund reached $2 billion in 2001, with states contributing billions of dollars in additional funds.

Support for Family Leave

Another example of how Americans sympathize with parents' efforts to balance work and family can be found in the public's reaction to the Family and Medical Leave Act (FMLA). Family and medical leave began as a women's issue in 1984 when a federal district court struck down California's maternity-leave law as discriminating against men, and the Women's Legal Defense Fund vowed to save it (see the article by Asher and Lenhoff in this journal issue). If the issue had continued to be known as maternity leave—and had remained solely a women's issue—it would not have succeeded as a public policy because it seemingly benefited only families with newborn children.

However, the FMLA's supporters—originally women's groups and children's organizations—learned to reframe the issue. They began to talk about the 12 weeks of unpaid leave promised by the FMLA as a minimal labor standard that enables families to balance work and family priorities after childbirth and during serious illness. The legislation attracted broad support by focusing on the well-being of children, respecting the integrity of the family, and offering a benefit to working families.

Eight years after its passage, family leave remains popular with the public. Indeed, most would like to see family leave benefits expanded to include paid leave. In the survey, *What Grown-ups Understand About Child Development,* 88% of parents with young children and 80% of all adults supported paid parental leave. When asked how the leave should be paid for, survey respondents supported expanding disability or unemployment insurance to include paid parental leave. About 40% of respondents supported 3 months or less of paid parental leave for mothers, about 25% favored 4 to 11 months,

and almost one third favored 1 year or more.[5]

The FMLA is also popular because its implementation does not entail government intrusion into family life. The policy falls squarely in line with the public's belief that families should care for their own, with the government cast in the role of supporting families.

What Is Government's Role?

Attitudes toward the role of government in the lives of families are deep-seated. While parents and the public endorse the idea of government helping to defray the costs of child care for parents, they draw a bright line between financial support and primary responsibility. In the June 2000 poll, *What Grown-ups Understand About Child Development,* 73% of parents with young children and 65% of all adults supported government financial assistance to help families pay for quality child care.[5] But in a 1999 *Los Angeles Times* poll, *Child Care in California,* which surveyed 1,601 parents in the state, only 18% of respondents felt that government should have primary responsibility for ensuring access to affordable child care.[13]

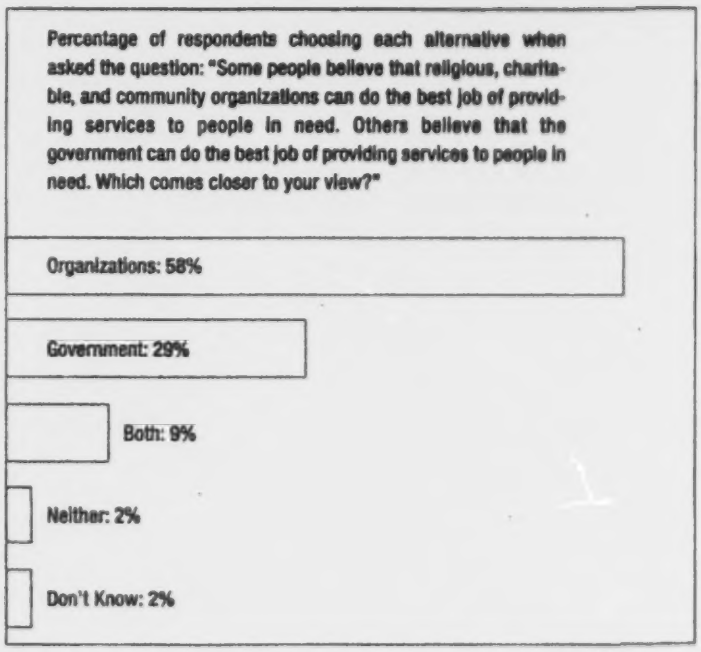
In other words, the public does not want government to become a babysitter. Why? One reason may be that, in general, the public is skeptical about the competence of government. An August 2000 survey by the Gallup Organization, with a national sample of more than 1,000 adults, found that 54% said that the government is trying to do too many things that should be left to individuals and businesses; only 38% responded that government should do more to solve our country's problems. These results are similar to those obtained in several Gallup polls over the past six years.[14]

Similarly, the survey, *Issues in the 2000 Election: Values,* demonstrated that, in general, people are more likely to trust their state and local governments than the federal government. As Figure 3 shows, the poll found that 58% felt that religious, charitable, and community organizations do a better job than government of providing services to people in need. Just 29% of respondents felt government could do a better job, and 9% volunteered the response that both should provide services.[8] This reflects the public's general preference for services that are community-focused and community-based.

Figure 3

American Adults Prefer Services Provided by Community Organizations

Results from a poll of 1,557 adults across the United States surveyed in May and June of 2000.


Percentage of respondents choosing each alternative when asked the question: "Some people believe that religious, charitable, and community organizations can do the best job of providing services to people in need. Others believe that the government can do the best job of providing services to people in need. Which comes closer to your view?"
Organizations: 58%
Government: 29%
Both: 9%
Neither: 2%
Don't Know: 2%

Source: *The Washington Post*/Kaiser Family Foundation/Harvard University. *Issues in the 2000 election: Values.* Menlo Park, CA: Kaiser Family Foundation, September 2000. Available online at http://www.kff.org/content/2000/3061/MoralValuesToplines.pdf.

Government should keep its direct involvement in early childhood care to a minimum, while maximizing its support for community-based assistance to parents.

Successful Government Efforts to Help Families

What lessons can policymakers and children's advocates take from these polls? First, policy interventions should respect the rights of parents to raise children as they see fit. Second, policies should help families balance their obligations to work and family. And third, government should keep its direct involvement in early childhood care to a minimum, while maximizing its support for community-based assistance to parents. Successful state initiatives for young children reflect these lessons, as the following two brief examples show.

Smart Start: Self-Sufficiency and Choice

One of the best examples of how state initiatives can heed public values comes from North Carolina. The state's highly regarded Smart Start Initiative recognizes that all parents are concerned about high-quality care for young children and aims to improve early care programs by providing better training for early childhood teachers.

When the idea was first debated in 1993 and 1994, an organized effort to stop Smart Start portrayed it as an effort to take children away from families and put them in organized child care. Smart Start supporters reframed their proposals to show the public that the effort was designed to recognize parents as primary decision makers in matters related to their children. Smart Start backers explained that whatever decisions parents made about child care, the initiative's goal was making sure that the care was of high quality. These supporters did not advocate solely for center-based systems of child care; the initiative also offers resources and support to family members who care for young children.

This approach was somewhat at odds with the view of some children's advocates, who often define "quality" as center-based programs with universal standards. But Smart Start's supporters recognized that not all parents want their young children to attend child care centers that are regulated or subsidized by government. The initiative focused instead on improving the quality of *all* child care settings, and its supporters refused to single out center-based care as superior to other forms of care.

Smart Start honors Americans' reverence for work and self-sufficiency by making early care better for all families and providing subsidies to needy families to ensure that lack of child care does not keep them from holding down jobs. Finally, the program honors parents' own choices. It allows parents to make decisions about how their children will be cared for—whether their children will stay with an aunt, or with a neighbor down the street, or in a child care center.

Welcome Baby: Community-Based Support

One of the reasons that parents like choice so much is that they generally prefer services delivered close to home—by people from their own communities. The importance of this idea was borne out by another successful state program—Vermont's Success by Six.

Success by Six offers home visits for every family with a newborn or a newly adopted child. New parents receive a "Welcome Baby" bag filled with items, such as diapers, books, and toys. Home visitors focus on making parents feel at ease, answering questions related to child development, and making referrals to other community services. One important aspect of the program is that the home visitors are people from the community. These home visitors know the neighborhoods they serve, and their presence is not perceived as a government intrusion on family privacy. Vermont parents give high marks to the program and cite its close connections to families as one reason for a 49% drop in child abuse from 1990 to 1998.[15]

Conclusion

If, as this analysis suggests, the public's core values set the boundaries of public support for government interventions on behalf of very young children, those boundaries are becoming clearer. The public's concern for the very youngest children remains steady. But the public—

and parents themselves—believe strongly that families should retain primary responsibility for caring for those small children.

The government's role, the public believes, is to assist those familial efforts without interfering with them. One of the most important ways that government can support parents is by ensuring that parents who have to work to support their families do not have to worry about the safety of their children. This means that government should try to ensure that child care is adequate and available for all families—and that families who need child care subsidies to enable them to work should receive them.

Parents and the public also want choices. They want options for their children. Perhaps the best role for government is ensuring that parents' options are good ones and that services are delivered close to home. Within these boundaries, the partnership between government and families on behalf of young children offers many opportunities to serve those children well.

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Employer Supports for Parents with Young Children

Dana E. Friedman

SUMMARY

The competing interests of employers, working parents, and very young children collide in decisions over work schedules, child care arrangements, promotions, children's sicknesses, and overtime hours. With the rising number of women in the labor force, more and more employers are concerned about how their workers balance work and family priorities. This article examines the supports that employers provide to help parents with young children juggle demands on their time and attention. It reviews the availability of traditional benefits, such as vacation and health insurance, and describes family-friendly initiatives. Exciting progress is being made in this arena by leading employers, but coverage remains uneven:

- Employers say they provide family-friendly policies and programs to improve staff recruitment and retention, reduce absenteeism, and increase job satisfaction and company loyalty. Evaluations demonstrate positive impacts on each of these valued outcomes.
- Employee benefits and work/family supports seldom reach all layers of the work force, and low-income workers who need assistance the most are the least likely to receive or take advantage of it.
- Understandably, employer policies seek to maximize productive work time. However, it is often in the best interests of children for a parent to be able to set work aside to address urgent family concerns.

The author concludes that concrete work/family supports like on-site child care, paid leave, and flextime are important innovations. Ultimately, the most valuable aid to employees would be a family-friendly workplace culture, with supportive supervision and management practices.

Dana E. Friedman, Ed.D., is senior advisor at Bright Horizons Family Solutions in Watertown, MA.

Employers play a significant role in helping families care for their infants and toddlers through a variety of work-based policies, practices, and programs. Most employers have long provided basic benefits, such as health insurance and maternity benefits. More recent initiatives by a small but growing number of employers address parents' needs for time off and scheduling flexibility, assistance in finding or paying for child care, or access to quality services on site. Employers provide this support through internal human resource policies, philanthropic contributions, and volunteer efforts that expand or improve children's programs in the communities in which they do business.

Despite enthusiasm for these family-friendly policies and programs on the part of employees and family advocates, the extent of employer support is limited, and access by working parents is not at all equal. Support varies by the region of the country, the size of the company, and whether the employee works full time or part time. Lower-income employees who most need employer supports are the least likely to enjoy family-friendly employment.

The Employee's Perspective

The need for employer supports is primarily a function of the increasing labor force participation of mothers. The most rapid growth in employment has occurred among mothers of very young children: 32% of mothers with children under age six worked in 1970; in 1999, some 64% of mothers with children under age six and 59% of mothers with children under age two were in the labor force.[1] Some 6% of the workforce is comprised of mothers who do not have the support of the child's father and are raising the children on their own.[2] For companies experiencing labor shortages, it is significant that 60% of labor force growth is expected to come from women.[3]

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On the other hand, the portion of households with two employed parents has doubled since 1950, making dual-earner couples the largest group of families in the workplace. According to the U.S. Bureau of Labor Statistics, in 1996, members of dual-earner families made up 45% of the working population.[4] Analyses of the General Social Survey from 1973 through 1994 indicate that work hours have increased at a faster rate for dual-earner couples than for the population of workers as a whole. In 1994, working couples spent seven hours more at work each week than such couples spent in 1973.[5]

Although women are more likely than men to work part time, the majority of men and women have full-time jobs. While 72% of employees work daytime schedules, the remaining 28% work evenings, nights, and on rotating, split, and variable shifts.[6] Such schedules create challenges for those seeking a stable family life. It is not surprising that dual-earner couples have less discretionary time than breadwinner-homemaker couples, and that more and more dual-earner couples report feeling rushed, stressed, and crunched for time.[7]

How parents handle the dual demands of home and work influences the success they experience in each sphere of their lives. Generally, studies show that men and women tend to feel more successful at home than at work—except when a couple has young children. Women with young children feel less successful in their family lives than men.[8] These working mothers are not suffering from role overload, where success at work competes with success at home, but rather they report feeling that they can barely manage in either domain. Researchers suggest that the structure of work and family relationships "makes children in the home a condition in which resources are outstripped by demands, especially in terms of time."[9]

Studies have examined the extent to which work spills over into the employee's personal life and vice versa. "Spillover" from home-to-job is determined by asking

Widespread implementation of employer programs did not occur until the late 1980s, when a shrinking labor pool forced companies to compete for talent.

respondents to indicate how much responsibilities at home reduce their ability to do their work and be available to coworkers, or increase feelings of pressure at work. Likewise, the job-to-home spillover scale asks respondents to indicate how much responsibilities at work reduce their availability to family members and friends, or leave them in a bad mood. Both national studies and individual company studies have consistently found that work is about three times more likely to have a negative effect on one's home life, than home life is to negatively affect work.[10]

In other words, work/life conflict is more likely to originate from work rather than from home. Therefore, employer support focusing on family problems will have limited impact on work/family conflict. Instead, corporations should focus on changes involving the corporate culture and work practices if they hope to reduce much of the stress their employees are facing.

The Employer's Perspective

Historically, employers have supported families and child care during wartime. Employers first became involved in child care during the Civil War so that women could help in the war effort. For the same reason, child care centers proliferated during World War I and World War II (then with government assistance). In World War II, employers realized that the needs of "Rosie the Riveter" went beyond child care, and they allowed women to bring their laundry to the work site for someone else to do, and to take home a hot dinner for the family. Not until a half century later did these supports resurface.[11]

After World War II, employer-provided family supports virtually disappeared until the 1960s, when corporate social responsibility prompted some employers to fund local child care programs. In 1968, the Stride Rite shoe manufacturer opened a child care center in Roxbury, Massachusetts, to ease racial tensions in the community.[12] Such pioneering efforts and campaigns by government and community leaders to educate employers about the need for family support achieved little during the 1970s and 1980s, however. Widespread implementation of employer programs did not occur until the late 1980s, when a shrinking labor pool forced companies to compete for talent.[13] Employers then continued to introduce initiatives to help working families, even during the recession of the early 1990s when family-friendly policies proved to be a helpful antidote to morale problems resulting from massive downsizing. Such policies were also effective in motivating those who kept their jobs but were asked to work harder in a lean and mean environment.[14]

Recruitment and retention remain the primary motivations for employers to address their employees' family and personal needs. The U.S. Department of Labor reports that the U.S. labor force is growing less than 1% annually, and the number of available workers between ages 25 and 44 will shrink between now and 2006.[15] The need for qualified people is forcing companies to rethink their recruitment efforts, productivity incentives, benefit plans, work schedules, and work processes, since these policies were designed for a different generation of workers with different lifestyles and working conditions.

Retention of employees appears to be a more important motivation for family-friendly policies than recruitment. In 2000, Bright Horizons Family Solutions and William M. Mercer, Inc. conducted a survey of companies with more than 500 employees (the BHFS/Mercer study). The survey asked companies why they adopted a work/life focus. As Figure 1 shows, retention topped the list of objectives for 71% of responding companies, while recruitment was the primary goal of only 47%.[16] A 1999 survey by the Society of Human Resources Management found that 41% of human resources professionals believed employees with work/family conflicts posed a threat to their company's retention efforts.[17]

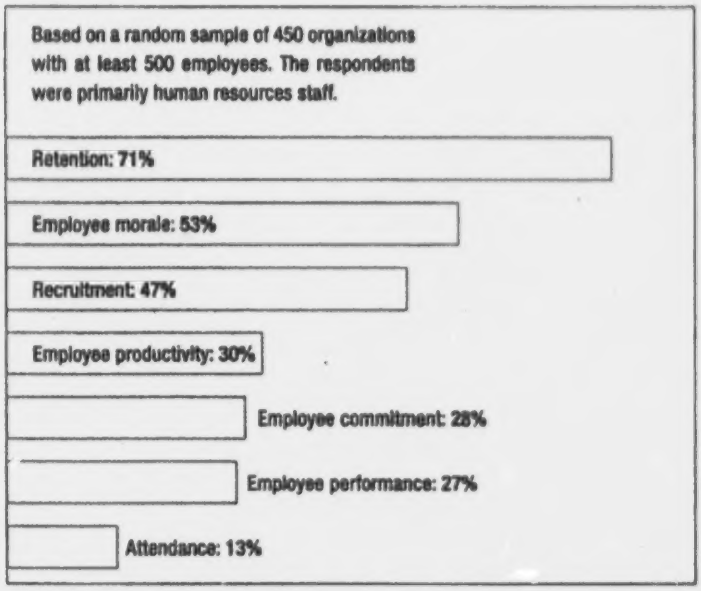
Uneven Availability of Benefits

Despite the compelling reasons why companies should support the family needs of their workers, and despite the excitement about what pioneering companies have done, the majority of U.S. employers have not responded to the needs of working parents. Traditional supports

Figure 1

Most Important Objectives for a Work/Life Focus

Stated by managers at large corporations.


Based on a random sample of 450 organizations with at least 500 employees. The respondents were primarily human resources staff.
Retention: 71%
Employee morale: 53%
Recruitment: 47%
Employee productivity: 30%
Employee commitment: 28%
Employee performance: 27%
Attendance: 13%

Source: 2000 Survey of Work/Life Initiatives. New York: Bright Horizons Family Solutions and William M. Mercer, Inc., 2001, see p. 9. Based on a survey of companies with more than 500 employees.

like health insurance and leaves are provided by most employers, but newer efforts, such as child care supports for families with young children, are offered by only a small portion of the nation's 60 million employers.

Large companies are the leaders in providing new benefits. They have the human resource departments to investigate options and the financial resources to implement them. Smaller companies less often expand their benefit packages but are more likely than large companies to offer employees flexible work hours.[18] Several studies of large company benefits have found some regional differences. For instance, medical coverage for same-sex partners is offered by 35% to 37% of companies in the West and Northeast, but by only 13% to 18% of companies in the South and Midwest.[19] Industry differences prevail in family-friendliness, as well. Financial service providers, professional firms, and pharmaceutical companies are leaders in most areas of work/life support. Manufacturing firms and firms with many unionized workers tend to offer longer parental leaves but fewer flexible work options, because it is difficult to allow manager discretion in a grievance environment. Companies in the wholesale and retail trades offer the least generous leaves and provide fewer work/life supports to their workers, who are typically at the lower end of the income scale.[20]

Not surprisingly, a survey of companies with more than 100 employees (the 1998 Business Work/Life Study, conducted by the Families and Work Institute) revealed that companies with high proportions of women are more likely to offer a range of family support policies.[18] There are limits to this gender effect, however. The BHFS/Mercer study of companies with more than 500 employees found that companies are most likely to offer a range of family supports when women occupy between 30% and 70% of the workforce. Fewer such supports are offered in companies where more than 70% of employees are female. Many sex-segregated industries that employ women (such as retail trades) offer lower pay and seldom provide generous family supports.[21]

As Table 1 shows, these industry differences are confirmed in reports from employees. A study of 536 employed parents with children younger than age six, interviewed as part of the 1997 National Study of the Changing Workforce, found consistent inequities in the reach of a range of family support policies. For instance, fathers have greater access to family support policies than

Table 1

Access to Corporate Work/Life Policies by Employees with Children Under Age Six

Percentage of Employees with Access to the Policy

Employee Group	Sample Size*	Family Health Insurance	Paid Vacation Days	Paid Holidays	Paid Leave for Sick Children	Traditional Flextime	Daily Flextime
All parents with children under age six	513–536	86%	85%	84%	49%	44%	26%
Gender							
Mothers	228–231	78%	76%	80%	N/A	39%	20%
Fathers	303–306	89%	89%	88%	N/A	48%	31%
Work Status							
Part-time	69–72	57%	57%	63%	34%	N/A	N/A
Full-time	450–462	89%	89%	87%	51%	N/A	N/A
Marital Status							
Single	77–79	73%	58%	71%	37%	N/A	N/A
Married/partnered	443–456	86%	89%	86%	51%	N/A	N/A
Hourly Earnings							
≤ $7.70	115–122	66%	69%	67%	37%	42%	18%
$7.71 to $19.25	247–254	87%	88%	87%	48%	35%	19%
> $19.25	124–126	95%	91%	93%	61%	61%	44%
Family Income							
< $28,000 per year	109–116	69%	76%	74%	36%	31%	13%
$28,000 to $71,500	280–293	86%	86%	85%	48%	41%	22%
≥ $71,600 per year	106–120	93%	88%	93%	66%	62%	47%

*Sample sizes vary due to missing data on specific variables. This sample includes employed mothers and fathers with children under age six, drawn from a randomly selected national sample of 3,552 employed men and women ages 18 and older.

N/A indicates not available.

Source: Galinsky, E., and Bond, J.T. Supporting families as primary caregivers: The role of the workplace. In *Infants and toddlers in out-of-home care*. D. Cryer and T. Harms, eds. Baltimore, MD: Paul Brookes Publishing, 2000, pp. 309–50.

mothers, and in an even larger gap, full-time employees with young children have more access than part-timers. Single parents are less likely than those with partners to receive even the most basic family supports, such as health insurance and paid time off. Most troubling is that parents earning less than $7.70 per hour are significantly less likely than those who earn over $19.25 per hour to receive family health insurance, paid vacation days, paid holidays, paid leave for sick children, and flextime.[22] In other words, the families in greatest need have the least access to work/family support.

Even low-paid employees who are employed by family-friendly employers are less likely than higher-paid workers in the same firms to use available programs. This author's observations, based on 15 years of work/life consulting projects with nearly 50 large companies, suggest that lower-paid workers have not been intentionally excluded from the benefits offered. Instead, utilization is constrained by the structure of certain benefits or by the types of jobs employees hold. Nevertheless, companies should look at these disparities and address them directly. The BHFS/Mercer study found that nearly one-third (31%) of companies feel that low-wage popu-

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lations should be specially targeted because of their unique needs, but less than one-quarter (22%) have made a special effort to address those needs.[23]

Innovative Solutions

Initially, many employers thought that building an on-site child care center was the best solution for the working parents they employed. It became apparent, however, that this approach does not work for most employers, nor can it serve the majority of employees. Now, family-friendly employers offer a range of initiatives that include on-site programs like child care, time-off policies, flexible work schedules, financial assistance benefits, and information and counseling services. Moreover, companies that have created an array of initiatives have begun to realize that, while policies and programs are necessary, they are not sufficient for helping employees to achieve a work/family balance. Systemic changes in workplace culture and supervision are also needed.

Many employers, however, find themselves unprepared to select and design new solutions. They typically lack data on the demographics of the people they employ and are unfamiliar with the responses that would be appropriate. A new industry has sprung up to help employers with this steep learning curve by providing research into employee needs, community resources, and competitor responses. It is important to remember the level of effort that is required to implement the solutions described below.

Flexible Work Schedules

Any survey of employees' needs will reveal that one of the biggest problems confronting working parents is time, as employees work longer hours and have more responsibilities outside of work. Some parents can afford to work part time, in temporary positions, permanent part-time jobs, or job-sharing arrangements (where two people work part time performing one job). Others may adjust the start and end times for their workday, while working full time through a flextime program. Some prefer compressed workweeks and put in four 10-hour days a week, or work 80 hours in nine days over a two-week period. Finally, a form of flexibility that saves time by eliminating the commute to work is telecommuting (where employees work at home or in a satellite office).

According to the 1998 Business Work/Life Study, two-thirds of companies allow traditional flextime—which lets employees start and end their workday on an individual but consistent schedule. Only one-quarter of these companies allow the start and stop times to vary on a day-to-day basis—this is known as daily flextime. Most employers allow part-time work, but only 38% allow it in the form of job sharing. More than one-half of firms allow employees to telecommute occasionally, while one-third allow it two or three times a week.[24]

It is important to remember that these statistics reflect the number of companies offering each option—not the number of employees using them. In fact, in 1999, unpublished surveys of three large companies found similar patterns of employee use for each policy in all of the companies. About 20% of employees use flextime, and no more than 5% use compressed workweeks, telecommuting, or job-sharing arrangements.[25]

One reason for low utilization is that many companies add these flexible work options to the list of policies in their employee handbooks, but they rarely provide training for managers, or tools to help employees make scheduling choices. More importantly, the corporate culture often sanctifies "face time" by focusing evaluations on the

Any survey of employees' needs will reveal that one of the biggest problems confronting working parents is time, as employees work longer hours and have more responsibilities outside of work.

number of hours an employee is present at work. Working parents often feel judged by their need to leave at 5:00 P.M. to avoid dollar-a-minute late charges at child care, and believe that no one looks at the quality or quantity of work they complete (which may happen, for example, only after dinner is finished, the children are in bed, and the laundry is done). These concerns make parents hesitant to request flexible schedules, fearing that prioritizing family will cause unwanted career repercussions.

Time-off Policies

For many parents, the issue is not working the same number of hours in a different part of the day, but being able to leave work for a few hours, days, or weeks. The Family and Medical Leave Act (FMLA) and other policies allow employees time off to be with their children or attend school functions or doctors' appointments.

The days when women were fired for being pregnant have passed, but the responses of employers still vary when women announce they are pregnant. The law requires employers with more than 50 employees to provide 12 weeks of unpaid leave for the birth or adoption of children. About one-third of employers in the 1998 Business Work/Life Study provided more than the 12 weeks of leave required by the FMLA, and 16% offered more than 12 weeks of paternity leave.[26] Larger employers were more likely than smaller employers to extend the leaves offered under the FMLA. Manufacturing firms and unionized companies were most likely to provide some wage replacement during the period of leave. (See the article by Asher and Lenhoff in this journal issue.)

Many companies allow (and require) that employees use vacation time, personal days, or paid sick leave as part of their 12 weeks of FMLA leave. These policies strand new parents with no vacation time or sick leave when they return to work and place their infant in someone else's care. Parents then have no recourse when the child becomes ill or child care breaks down. However, one heartening finding from the BHFS/Mercer study done in 1998, and repeated in 2000, was a dramatic increase in the number of companies offering paid parental leaves. Paid maternity leave beyond the period of disability jumped from 16% in 1998 to 52% in 2000, the percentage offering paid paternity leave went from 10% to 41%, and those offering leaves for adoptive parents rose from 16% to 46%.[27]

Despite what companies may offer or the law may allow, the average amount of time that mothers take off when they have a new baby is only about 10 weeks. Men typically take far less time and tend to patch together vacation time and personal days rather than request a formal leave.[28] Many do what Prime Minister Tony Blair did as the father of a new baby in 2000—he took a few personal days and worked more at home, but was never more than a phone call away from his job.

An employer's time-off policies can provide employees with an informal form of flexibility. Sick leave policies have a tremendous impact on a parent's ability to be with a child in need. Many companies have "occurrence" policies that allow five days of absence, but warn the employee once three days have been used, and terminate employment after the five days are taken. Occurrence policies are often applied inconsistently. A sympathetic manager may overlook the reasons for the absence, or allow an employee to use personal sick time to care for a child. In low-wage workplaces, like call centers and retail operations, supervisors may use occurrence policies to threaten workers. Parents in such workplaces may leave a sick child at home alone, waiting for one of two daily breaks to call home. One company with multiple manufacturing plants installed more pay phones in the lobby, and notified employees more quickly about incoming calls, so that sick or worried children could be more in touch with their parents.

On-site Services

Child Care

Employer responses to the child care needs of working parents are influenced by the inadequacies of the child care market. Not only is there not enough care, but it is often below the quality parents want and not available during nontraditional work hours. Creating child care on site allows employers to design a program that conforms to work demands, with hours that can accommodate all

Table 2

Employer Work/Life Programs Vary by Company Size

Employer Program	Percentage of Companies Offering the Program: All Companies with 100+ Employees	100 to 250 Employees	250 to 999 Employees	1,000+ Employees	Significance of Difference in Company Size
On-site Services					
Child care center	9%	7%	5%	18%	***
Backup child care	4%	3%	3%	8%	*
Sick child care	5%	4%	5%	9%	
Financial Assistance					
Family health insurance	95%	92%	96%	99%	
DCAP plan, pretax dollars for child care	50%	34%	54%	71%	***
Vouchers or direct child care subsidies	5%	3%	6%	9%	**
Information & Counseling					
Employee assistance program	56%	40%	58%	79%	***
Child care resource and referral	36%	24%	39%	50%	***
Work/life seminars	25%	17%	22%	40%	***
Broad Child Care Supports					
Community contributions	9%	6%	9%	13%	*
Public/private projects	11%	16%	7%	9%	

Sample sizes vary due to missing data on specific variables.
* A difference this size would occur by chance only 5 in 100 times.
** A difference this size would occur by chance only 1 in 100 times.
*** A difference this size would occur by chance only 1 in 1,000 times.

Source: Galinsky, E. and Bond, J.T., Supporting families as primary caregivers: The role of the workplace. In *Infants and toddlers in out-of-home care*. D. Cryer and T. Harms, eds. Baltimore, MD: Paul Brookes Publishing, 2000, pp. 309–50.

shifts, and adjustable capacity to meet variable demand (for instance, when school is closed and the office is open). Most importantly, employer-sponsored child care programs are typically of much higher quality than most centers in the community. The company subsidizes the difference between what quality costs and what parents can afford to pay. The level of subsidy determines whether employees at all income levels can afford to use the center.

As Table 2 shows, the 1998 Business Work/Life Study found that 9% of all employers with more than 100 employees sponsored on- or near-site child care centers, as did 18% of companies with 1,000 or more employees.[18] A surprising number of companies sponsor more than one work site center: 26% of companies with a center had between two and five centers, and 15% had more than five. Companies sometimes turn to outside firms to create and manage their centers.

Increasingly, employers are not opening full-time child care centers, but backup or emergency centers that are designed to handle breakdowns in child care arrangements. With far less investment than is required by a full-time center, backup care yields a more direct return on investment. Table 2 shows that 4% of companies with more than 100 employees offer backup care, and the BHFS/Mercer study of firms with more than 500 employees found that 13% offer this

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support.[29] For instance, J.P. Morgan Chase currently sponsors 10 backup centers for their employees around the country, and has six more in development. A novel feature of the Chase centers is that women returning from maternity leave can place their infants in the backup centers for eight weeks at a nominal cost, to ease the transition period to work and child care.

Similarly, some companies address the need for child care by focusing on mildly ill children. Table 2 shows that about 5% of companies with more than 100 employees offer this support, as do 9% of larger companies.[18] Companies may sponsor their own centers, create a network of family child care homes to take in sick children, contract with hospitals offering this service, or offer in-home nursing services sponsored by such agencies as the Visiting Nurse Association. Although these initiatives are intended to support parents (and keep them at work), they raise questions about what is best for parents of young children. Where do most children want to be when they are sick? Probably with a parent. Sick-child programs may not force parents to leave sick children, but they reinforce a corporate culture that says they should.

Other On-site Services

On-site programs, known as concierge or convenience services, help working parents by eliminating chores that would otherwise have to be done after work or on the weekends, for example, car inspections, dry cleaning, photo development, banking, or filling prescriptions. These services are most popular in the Northeast and among large companies with a high percentage of women, according to the BHFS/Mercer study.[30] The most popular concierge service is discount tickets for entertainment, which 46% of companies offer. About 30% offer free or subsidized meals at work, 13% provide take-home dinners, and 1% offer online grocery shopping with groceries delivered to the work site and available for pick up at the end of the workday.

Another on-site service increasingly mandated by local or state governments is lactation support. In the state of Minnesota, firms with more than 50 employees must allocate private space for new mothers to express milk and store it. Other companies have arranged for rentals of breast pumps, as well as counseling to help mothers through the breast-feeding experience.

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Financial Assistance

Employers also help their employees deal with the costs of having and raising children by providing financial assistance for health insurance costs, and subsidies or vouchers to help pay for child care.

A long-standing financial benefit offered by employers is access to comprehensive health insurance. For instance, employees with good health coverage can avail themselves of the latest tests to detect birth defects and other pregnancy or fetal health problems. Policies also include prenatal care and well-baby visits once the baby is born.[31] The majority of employers offer health coverage for the entire family but, as Table 1 showed, employees with young children who are single and low income are less likely than other parents to have such coverage. About one-third of part-time workers receive some health care benefits, and only 19% receive the same coverage as full-timers.[18]

Employer contributions to cover child care costs can also be critical to parents with young children, though it is less common than health insurance. A recent study of

Originally a service to help parents find child care services, R&R has become a multimillion dollar industry offering help for a host of personal life issues, such as elder care, home mortgages, pet care, and financial planning.

child care costs in 10 cities found that the average cost for infant care was more than $5,500 per year.[32] Parents pay about 75% of all U.S. dollars spent on child care, government pays about 24%, and employers cover less than 1%.[33] The dominant financing strategy used by employers is the Dependent Care Assistance Plan (DCAP), which allows parents to use pretax dollars to cover their child care expenses, and reduce the amount of their income that is subject to taxation. As Table 2 shows, one-half of all companies with more than 100 employees offer these plans, including fully 71% of companies with more than 1,000 employees.[18]

Only a handful of companies offer employer subsidies, or direct contributions, toward employees' child care expenses. Table 2 shows that vouchers are offered by about 5% of smaller employers and 9% of larger employers.[18] Clearly, those employers who sponsor on-site child care programs subsidize the care provided there by offsetting some of the costs of the operation that would otherwise raise parent fees. Overall, however, financial supports targeting parents of young children are limited in the extent of the assistance offered and in the number of working parents who can take advantage of them. As with most forms of employer supports, the least support is available to lower-wage-earning families.

Information and Counseling

Simple information can also be an important support to employees as they navigate the stages of child rearing. For example, a financial assessment can suggest whether the timing is right; others may need health-related information regarding conception, prenatal care, birth, or breast-feeding. The need for parent education is ongoing as children move from one stage and age to another. Providing answers to parents' questions can reduce the stress that may interfere with their productivity or attendance. More than one-half of today's parents already believe they are not doing as good a job in rearing their children as their parents did.[34] Employers have been particularly helpful to many young parents by helping them to access the information they want and need.

Employee Assistance Programs (EAPs) are the most prevalent way employers offer information and counseling support to employees. Begun as a treatment program for alcoholics, EAPs now provide counseling on a range of issues including parenting, marital stress, and domestic violence. Employers with at least 1,000 employees are about twice as likely to offer EAPs as those with fewer than 250 employees (79% versus 40%).[35]

Employers also provide information to parents through employee handbooks and newsletters, lunchtime seminars led by experts, parent support groups and online chat rooms, and work site fairs where local service agencies distribute information. The BHFS/Mercer study found that between one-quarter and one-half of large companies offer these options.[36]

Resource and Referral (R&R) programs offer a more comprehensive information approach that may include the above strategies, in addition to online or telephone hotline access. About one-half of the largest companies and one quarter of the smallest companies offer R&R services.[18] Originally a service to help parents find child care services, R&R has become a multimillion dollar industry offering help for a host of personal life issues, such as elder care, home mortgages, pet care, and financial planning. The nonprofit, community-based R&R agencies that provide child care information to the public have, in many cases, been bypassed by these larger R&R businesses, which link the employees of their customers to information through a database and online service.

As both R&Rs and EAPs expand, many companies have begun using one vendor to provide both services. The BHFS/Mercer study found that three-quarters of large companies with both services were using one vendor. This development raises concerns that the "normal" focus of R&R agencies and their preventative approach to problems may give way to the "social work" model of treatment that is used by EAPs. For instance, a parent who seeks advice about a toddler who bites another child at the child care center should be told that this can be a typical stage in normal development, not that it may be

a symptom of a larger problem warranting therapy. These differences of focus mean that merging the two services may not be the most advantageous path for working parents.

Workplace Practices

Companies searching for programmatic solutions to the work/life conflicts employees face have sought to reduce or eliminate the work distractions created by family demands, for instance, by offering better child care to reduce absences or providing parenting information to reduce stress. As helpful as these supports can be, however, they cannot address the problems that are rooted in workplace attitudes and practices. Especially in a time of low unemployment, employers must do more than provide perks and services—they must also treat employees well. For instance, a recent study found that 40% of employees with unsupportive supervisors said they were likely to look for a job in the next year, while only 11% of employees who rated their supervisors' performance as excellent said they might be job hunting.[37]

A Canadian study found significant differences in employee responses to their managers. A supportive manager was defined as someone who provides positive feedback, two-way communication, respect, consistency, and a focus on output rather than hours. Employees with such managers reported significantly less stress, more work/life balance, more trust in management, and greater satisfaction with the company's policies.[38] (See Figure 2.) Even so, very few companies address work/life issues as a part of their ongoing management training. Only about one quarter of large companies offer work/life training of any kind.[39]

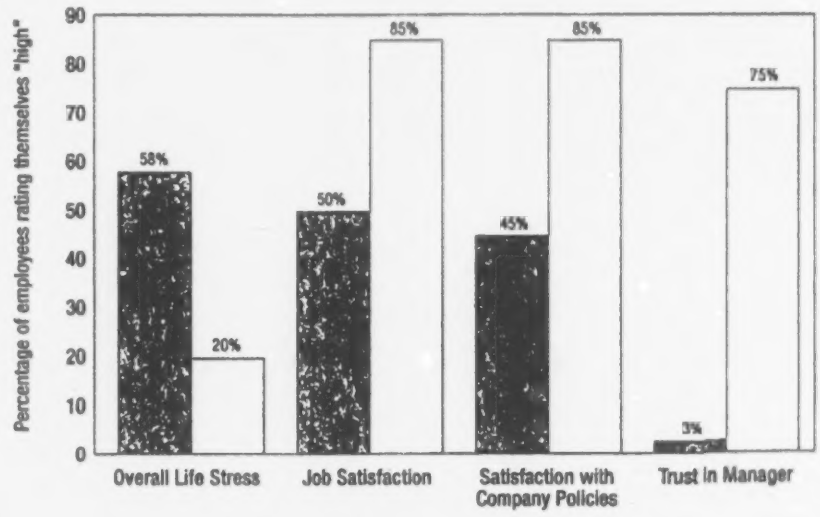
Work/life training is critical to help managers understand how they should react to the diversity among workers today. How should managers define equity? If they give a flexible schedule to a new parent, should they give it to everyone? How can a decision be made between one parent's request to attend a school play and another parent's need to take a child to the doctor?

Payoffs greet those managers who take steps to be sensitive and creative. In a study of managers who supervised employees on flexible work arrangements at Chase Manhattan Bank, two-thirds felt the experience made them better managers. It took extra effort to work things out

Figure 2

The Positive Impact of Manager Support

Based on survey responses from 40,000 private-sector employees living in Canada.



Source: Adapted from Duxbury, L. and Higgins, C. *Supportive managers: What are they? Why do they matter?* Minneapolis, MN: Minnesota Center for Corporate Responsibility, 1997.

Addressing work/life concerns can improve recruitment and retention efforts, reduce absenteeism and tardiness, and increase job satisfaction and company loyalty.

with employees and their coworkers; ultimately the manager knew more about the employee's job, improved communications, and came to have more realistic expectations for deliverables. The managers at Chase concluded that this is the way they should manage all employees, not just those with flexible schedules.[40]

Impact

Employers need to see the impact of the programs they implement on the company's bottom line. Ironically, while employers who are considering work/life programs want impact data, most companies that have implemented such solutions do not want to spend more to study their programs. Instead, most are content to rely on utilization rates and anecdotal evidence of employee satisfaction with work/life programs. Nonetheless, 20 years of study have yielded a solid foundation of research that suggests that addressing work/life concerns can improve recruitment and retention efforts, reduce absenteeism and tardiness, and increase job satisfaction and company loyalty. The target and scope of impact will vary with a particular strategy and how well it has been implemented and communicated.

Retention

Impact studies indicate that work/life initiatives are effective at reducing turnover. This is good news to employers, since the cost of replacing an employee is estimated to be 150% to 200% of an exempt employee's annual salary, and at least 75% of a nonexempt employee's salary.[41] Obviously, different policies will affect turnover differently.

Individual company studies have consistently shown that flexible work options increase the number of employees who intend to stay with the company, and longer parental leaves with the option to return to part-time hours increase the likelihood that new mothers will return to work. At Aetna Insurance, an increase in the amount of leave, coupled with flexible work options after the return to work, increased the retention of the highest performers from 77% to 91%.[42] A 1993 study found that pregnant women who were allowed flexible work hours worked longer into their pregnancies, took shorter leaves, and were more satisfied with their jobs.[28] A study at Baxter Health Care found that employees who believed that their requests for flexible schedules would be turned down by their supervisors were twice as likely as others to say they expected to leave the company within the year.[43] And a six-company study on flexible work arrangements found that 81% of employees and 76% of managers believe that flexible work arrangements have a very positive effect on retention.[44]

Job Satisfaction

Research increasingly shows that job satisfaction can be improved when employees perceive their work environment to be more supportive, and work/life policies and programs can affect employee perceptions of workplace support. Most business executives can easily translate customer satisfaction into profits, but they may see a happy employee as just happy, not as a factor that generates a gain for the company. However, a seminal study of job satisfaction conducted at Sears in 1997 documented a critical link between employee satisfaction and customer satisfaction. The Sears study showed that if employee satisfaction were to improve by five points, there would be a two-point improvement in customer satisfaction, generating revenue growth of 1.6% the following quarter. One of the five critical management actions that influenced employee satisfaction was flexibility.[45]

Absenteeism

Attendance at work, another outcome that matters to employers, is a function of both the desire and ability to get to work. Employees who are satisfied with their jobs and like their coworkers and bosses are more likely to go to work even when personal situations arise. Those who are dissatisfied are more likely to let problems derail their attempts to be at work. Creating a more supportive work environment can be critical to reducing absenteeism.

Child care supports offer a good example, since reliable child care can eliminate child care breakdowns and the absences that often accompany such crises. After Honeywell opened an on-site child care center, they examined attendance records for those parents who used the

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center. The group of center-using parents had missed 259 days of work in the 12 months before using the center, but they missed only 30 days in the 12 months after they began using the center.[46] Another study compared the users of Citibank's child care center with parents on the waiting list who used child care in the community. The on-site center users were absent 0.24 days per year, while the comparison group missed 3.48 days per year. The company estimated that their child care center saved 18,840 hours of work per year, worth $211,077.[47]

Similarly, backup child care reduces the absences caused by child care breakdowns. The Prudential Insurance Company of America purchased 10 slots in a backup care center that were used by 1,700 employees. Assuming that one-half of those workers would not have found alternative arrangements and would have missed work, Prudential calculated the annual savings from 852 avoided absences at $166,000. With operating costs of $109,000, the return on Prudential's investment in backup child care was $61,000.[48]

Implications

Employers have made great strides in helping parents of young children to succeed at work and provide the care their children need. Even so, support remains limited, particularly for those who need it the most. Intractable workplace practices can also undermine the effectiveness of work/life initiatives that are offered.

Given recent trends, it is likely that more companies will adopt work/family supports in the future, especially large companies in healthy industry sectors located in the Northeast and the West. Flexible work options are likely to expand in companies of all sizes—often spurred by issues of traffic, environment, and technology. National organizations and community activists have made special efforts to devise group strategies to help small and mid-size employers offer work/life programs, and these may be effective with the most profitable organizations. However, unlike large corporations, small and mid-sized companies are seldom motivated by the pressure for political correctness or the desire to be the "employer of choice," so they are less likely to provide child care supports for their working parents.

Low-income families are even less likely to have access to workplace supports. The supportive policies of many large companies do not trickle down to this sector of the workforce, and many employers of low-wage workers are not as committed to work/life supports. Therefore, government tax credits for companies that create child care solutions should target employers of low-wage workers. The public policy goal should not be to increase the

Generally, business has adopted a posture of "no mandates" and lobbies against government proposals that would require companies to offer new protections to employees.

number of employers offering such support as much as to motivate employers to help those in greatest need.

In addition, more employers may offer child care help through community involvement and public-private partnerships. Employer expertise has been tapped by national and state efforts to investigate new financing structures for child care. Several corporate leaders have a long history of investment in children and family services, such as Johnson & Johnson, IBM, AT&T, Target stores, and Hewlett-Packard. Some have developed special funds dedicated to improving services for young children and families. Most notable is the American Business Collaboration for Quality Dependent Care that has invested $125 million from 25 major corporations in efforts to expand the supply and improve the quality of child care and elder care services. More involvement on community task forces may help educate companies about the need for more targeted giving. The 1998 Business Work/Life Study found that only 13% of large companies and 6% of the smallest firms provided community support to family programs.[48]

The political clout of corporations is also an underused resource. Human resources staff rarely communicate with the company's government affairs staff to lobby for government policies that could support family life for employees. Generally, business has adopted a posture of "no mandates" and lobbies against government proposals that would require companies to offer new protections to employees (such as the FMLA). Even government initiatives that do not involve employer mandates, such as the earned income tax credit and funding for child care worker training or salaries, have not benefited from a supportive voice within the business community. Minimal efforts can go a long way, as was found in Florida, where a commitment made by business leaders to engage in one hour of lobbying per month on children's issues has resulted in significant improvements to child care delivery in the community.[49]

As this article makes clear, it is important not to put too much emphasis on one support, like child care. Instead, the contributions that companies can make to working parents should be seen in the context of broader workplace changes. Many larger companies have renamed their efforts from work/family to work/life, as they seek to make their benefits packages equitable to a range of employees. While this trend may help more companies feel comfortable with a work/life agenda, it may diminish a special focus on the needs of families and children.

In an article in The Conference Board's *Across the Board Magazine*, the author suggests that the drive by companies to create a competitive advantage and shareholder value has placed pressures on employees—pressures that have gotten out of hand.[50] ". . . There is no longer any practical limitation to what a business can ask of its employees." Even well-meaning managers who say, "I don't want you here on weekends; I don't want the phone or fax to interfere with your family time," cannot follow through on that commitment because of the pressures at work. The article concludes, "And so we suck more and more from people's lives, and we regret that that's necessary. . . . and in response . . . we build day-care centers and . . . offer flextime and job sharing and telecommuting. . . . Then we sit back, satisfied that we've done what we can do, even though we know in our hearts that this can't be right, that the problem . . . is too deep and too real to be satisfactorily addressed by such superficial steps."[50]

Work/life issues are influenced not only by personal and family factors, but by workplace factors that inhibit employees' sense of personal well-being and thereby, their full contribution to the workplace. Therefore, employers must look at the culture of the organization and the way that people are treated, valued, managed, and promoted—even though these issues are much more difficult for companies to deal with than implementing new benefits and services. The imperative is to find a work/life "fit," or at least a peaceful coexistence, by reconciling the two spheres of life and keeping both spheres accountable. Companies must recognize that supports may be needed because of personal problems or excessive work demands. Either way, companies should anticipate these inevitabilities. Working parents, especially working mothers, are here to stay. It is time now to give them the support they need.

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Federal and State Efforts to Improve Care for Infants and Toddlers

Jane Knitzer

SUMMARY

Can government help mothers and fathers manage their economic and parenting responsibilities? Should it try? This article examines how federal and state governments currently act as partners with the parents of four million babies who are born each year in the United States. Viewing public policy as a tool that expresses the priorities of society, this article summarizes the leading ways that policy touches the lives of infants and toddlers—from the tax code to mandates for family leave, to cash benefits and subsidies, to funding for direct service programs. Several conclusions emerge from this detailed catalog:

- Significant federal policies focus on the economics of family life, helping low-income families meet their children's basic physical needs and allowing affluent families to shelter income for their children's benefit.
- Far less policy attention addresses the challenges that parents face as caregivers trying to ensure that their infants are safe, nurtured, and encouraged each day.
- Child care, despite its importance for children's development, is seen by policymakers primarily as a service that enables parents to work. Opportunities to promote child development through high-quality care, therefore, go untapped.
- Some states have creatively combined federal and state resources to provide new services for infants and caregivers, expand successful programs, and build linkages across programs and agencies.

The author stresses the importance of maximizing the benefits of current federal policies that reduce the harm of child poverty, and urges policymakers to embed a developmental perspective in new state and federal programs and policies that touch the lives of infants, toddlers, and their families.

Jane Knitzer, Ed.D., is deputy director of the National Center for Children in Poverty at the Mailman School of Public Health at Columbia University.

Just under four million babies are born in America each year.[1] Parents of these very young children face two central tasks: providing economic security for their children, and providing care that is nurturing and appropriately stimulating to get their infants and toddlers off to a good start in life. This article examines the role that government can play in helping parents meet these two fundamental tasks. The first section explores issues related to public policy for children and families, and the special importance of policies for infants and toddlers. The second section provides an overview of current federal and state policies that affect families with infants and toddlers, highlighting both their strengths and limitations. The final section explores some of the implications for the future.

Overall, this article suggests that current public policies, particularly federal policies, play a vital role in helping families to provide basic supports for themselves and their children. Low-income families, especially, are often targets of policy attention. Much less attention, however, is focused on helping parents and other caregivers give their children the emotional support and stimulation that research suggests can make a vital difference as babies grow.

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About Public Policy: Definitions and Issues

Public policy is a tool that enables American society to set priorities. Some policies, such as those related to taxation, affect virtually everyone in one way or another. Other policies are targeted to special groups, such as individuals with disabilities, children in foster care, or low-income families who need help paying their energy bills. Many public programs created by legislative or other policy action are "means tested," that is, they provide resources or benefits, such as cash assistance or subsidies for child care and health care, to individuals or families who meet specified income criteria. In other instances, funds may be allocated through grant mechanisms or formulas to state, local, or nonprofit agencies to develop services such as early childhood programs or family resource centers. Some programs providing direct or indirect benefits to individuals or families are known as "entitlements." This means that anyone meeting the eligibility criteria must be served. Most programs, however, receive limited funding so that even some eligible individuals go without assistance.

In addition to channeling resources, policies can also be used to shape and reshape social and legal expectations. For example, when Congress enacted what is now known as the Individuals with Disabilities Education Act (IDEA) in 1975, it established the principle that disabled children can benefit from, and are entitled to, an education. A more recent example may be found in the Educate America Act (EAA) of 1994, which set forth the expectation that "every child shall enter school ready to learn" and established a National Education Goals Panel to provide leadership regarding the law's implementation.[2]

Federal policies and dollars largely shape the policy context for children and families, but there is much that states can do to influence the well-being of young children. Today, three patterns are visible in how states craft public policies for young children. First, states make choices about how to implement federal policies, for example, by setting more or less generous eligibility criteria. Second, a number of states use state dollars to expand federal program models, such as Head Start. Third, states also craft unique policies that are tailored to the state's particular demographics, political context, and historical patterns. The result is that across the 50 states, there is considerable variation in both the levels

Public policies for children have focused on poor children whose families cannot afford basic care for them, or on children whose families actively place them at risk of harm through maltreatment.

of investment in children and families, and the kinds of programs and policies that are supported.[3,4]

Historical Tensions and Changing Perceptions

Public policy on behalf of children and families has evolved slowly and with considerable tension about two issues: (1) where to draw the boundaries between public and private responsibility for raising children, and (2) where to draw the boundaries between federal and state responsibility.

The most enduring debate has been about the appropriate role for government with respect to children. Americans tend to view child rearing as primarily a private responsibility, and to consider government intervention acceptable only if families cannot meet their responsibility to the children. Consistent with this view, public policies for children have focused on poor children whose families cannot afford basic care for them, or on children whose families actively place them at risk of harm through maltreatment.[5] This country lacks the deeply embedded tradition that exists in many European countries of using public policy to promote the healthy development of all children.[6]

The second set of tensions that surfaces in dialogues about public policy for young children relates to the boundaries between state and federal responsibility. In the early twentieth century, this issue triggered fierce debates as states resisted the effort to enact national child labor laws.[7] Other legislation benefitting children passed during the 1960s and 1970s, when support for an activist federal role was widespread and the federal government adopted a prescriptive stance toward the states.[8] For instance, federal child welfare and special education legislation established rights and protections for children that states are still obligated to honor. Today, much greater value is placed on federal legislation that transfers decision-making authority to the states. This process, called ***devolution***, is increasing the state-by-state variation in the implementation of federal programs.

One other tension has to do with how federal policies are perceived. Public skepticism toward a federal role reflects the belief that federal policies are uniform and top-down, allowing for little flexibility or local discretion. (See the article by Sylvester in this journal issue.) While this is true of some policies, it seldom characterizes federal programs that fund services. Polls indicate that parents and the public want programs that are locally designed, responsive to community needs, and based in caring relationships. In fact, public policies play a crucial role in supporting such local service programs, but that role is often invisible. For example, a mother who takes a general education development (GED) course through a neighborhood center may not realize that the center is funded with both federal and state dollars. Parents whose children have developmental disabilities may not know that the local early intervention program that they value so highly owes its existence to the framework (funds and mandates) set forth in a federal program known as the Part C Early Intervention Program of IDEA.

In sum, when Americans think of child and family policy, many share a concern that government will take over the role of parents. The nation has not benefitted from a vision of child rearing as a compact in which parents and society both have a stake and responsibilities, although public support has grown for specific policies, such as child care and children's health insurance. Ultimately, a more nuanced view of government action as a complement to the efforts of parents is necessary for children, particularly the youngest and most vulnerable.

Why Public Policies for Infants and Toddlers Matter

There are two reasons why public policy for infants and toddlers matters. The first is that scientific knowledge about the significance of early development provides a compelling rationale for public investment in infants and toddlers. Data paint a clear picture of opportunities to promote positive early development and of the costs of failing to support development. Seldom has there been such a body of rich and textured information about what can be gained by paying attention to emerging science, and what can be lost by ignoring it.[9–11] (See the article by Thompson in this journal issue.)

Every family that pays taxes (some low-income families do not) and has a child receives a tax deduction for that child, which amounted to $500 per child in 2000.

The second reason why public policies for infants and toddlers matter is that parenting infants and toddlers in the current economic and demographic context is very challenging. Work is the norm for women. One-third of families involve only one custodial parent, and even women with very young children are working. This means that meeting the dual parenting responsibilities of providing economic security and nurturing can be fraught with difficulty. This is true even for the most resourceful and resource-rich families; the panic of a mother whose baby will not nurse knows no income boundaries. But it is even more true for families without material resources: for instance, a parent who faces an empty cupboard at the end of the month, one who works odd shifts and cannot afford child care, or a low-income father raising his toddler alone. For families like these, public policy is not a distant, unfathomable abstraction, but a direct force that affects real lives and real options. Public policy determines whether a public health nurse can assist the new mother, and whether there will be food for the empty cupboard, a subsidy to pay for child care, or parenting support for the struggling father.

Caution is of course in order, and grandiose claims for public policy are to be avoided. There is much that public policies cannot do. How well babies fare depends greatly upon the quality of the caregiving they receive from parents and others. But well-designed and well-implemented public policies can provide resources and support that enable parents to do their best as both economic providers and nurturers.

Public Policies to Promote Family Economic Security

Family economic security sets a powerful context for child development and family well-being. Poverty is increasingly recognized as the most pervasive risk factor facing children, with research suggesting that infants and adolescents are especially vulnerable to its negative impacts.[12] From a policy perspective, the operational definition of poverty is set by the federal government. In 1999, the federal poverty threshold for a family of three was $13,861, and $16,895 for a family of four.[13] By this definition, 18% of all children under age six are growing up in poverty, (8% in extreme poverty, that is, in families with incomes under 50% of the poverty level). Altogether, 41% of all young children are in families with incomes under 200% of the poverty level.[14]

To buffer the damaging effects of poverty on child development, parents rely on two types of government policies. The first type involves efforts to increase family income through tax policies, welfare payments, or wage supplements. The second involves efforts to ensure that poor families have access to the "basics"—food, health, and shelter.[3] Table 1 provides information about the purpose and funding of selected federal programs that promote family economic security by increasing family income. Table 2 provides information about selected federal programs that help families meet the basic needs of their children.

Policies to Enhance Family Income

Caring for infants and toddlers costs a lot of money; for instance, they need cribs, diapers, and frequent trips to the doctor (which are complex if there are transportation problems, other young children, or disabilities in the family). Disposable income makes the mechanics doable, while the absence of income creates stress for parents. Public policies from the tax code to welfare rules directly affect how much cash a family has. Table 1 highlights four major federal programs: one affecting all families with children, the others targeting families in specific circumstances.

Tax Policies

Basic tax policies are set at the federal level and implemented by the Internal Revenue Service. As currently structured, every family that pays taxes (some low-income families do not) and has a child receives a tax deduction for that child, which amounted to $500 per child in 2000.[15,16] Families adopting children, including infants, also receive a tax deduction. Alternatives exist that would provide a more generous tax benefit for children, such as a children's allowance, a significantly higher deduction, or a child tax credit that would be

Table 1

Major Federal Programs to Increase Family Income

Program Name	Purpose	Eligibility Criteria	Funding Levels/Revenue Loss F=Federal/S=State	Number Served
Child Tax Exemption	Provides child tax credit of $500 per qualifying child under age 17.	Families who pay taxes and have children.	Not available	Not available
Earned Income Tax Credit (EITC)	Provides tax credit for low-wage working families. The credit increases as earnings go up.	Families who have children[1] and earn just over $30,000.	The total amount of the credit in 1997 was $30.4 billion, of which $24.4 billion was refunded to the taxpayers. The average credit per family was $1,567.	In 1997: 19.3 million families received the credit.
Temporary Assistance to Needy Families (TANF)	Provides cash assistance to families transitioning to work.	Low-income parents with eligibility thresholds set by states.	In 1999, total of $21.7 billion: F = $11.3 billion S = $10.4 billion	In 1999: On average, 2.6 million families served each month, including 5 million children.
Child Support Enforcement	Ensures children receive child support payments from absent parents.	Mandatory participation for all TANF recipients; optional for all others.	In 1998, states spent $3.6 billion to collect $14.3 billion in child support ($2.6 billion from parents of children on TANF, $11.6 billion from others).	In 1998: 948,000 paternities were established. In 1997: 6.6 million absent parents were located.

[1]About 97% of the EITC credits go to working families with children. There is a small program for credits to families without children.

Source: Committee on Ways and Means, U.S. House of Representatives. *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. Government Printing Office, 2000. Specific information is available on the Child Tax Exemption on pp. 828–29; on EITC in Table 13-14 on p. 813; on TANF in Table 7-16 on p. 406–7, and Table 7-4 on p. 378; and on Child Support Enforcement in Table 8-10 on pp. 538–39, Table 8-20 on p. 558–59, and Table 8-9 on p. 529.

refundable for those who owe no tax. Such policies have been debated, but there has never been sufficient support to enact them.

States also develop their own tax policies. Nine states, for example, do not impose any income tax at all. The states that do have income tax policies vary in their treatment of low-income families. Twenty-two states exempt families living below the poverty level from paying income taxes, while 20 states impose taxes on them. Four of the 20 states even tax families with incomes below 50% of the poverty level.[3]

A very important innovation to the federal tax code is the Earned Income Tax Credit (EITC), first enacted in 1975 and significantly expanded in 1993. The EITC seeks to bolster the incomes of low-income, working families. It is targeted to low-wage workers whose earnings are under a specific threshold (just over $30,000 in 2000).[17] If a family's credit exceeds its tax liability, the family receives a refund that can offset its taxes and supplement its wages. The EITC program, unlike many federal policies, is structured so that there is a built-in incentive to increase earnings. Basically, the more money a family earns while remaining eligible, the higher the credit it receives. In 2000, the EITC reached 18 million low- and moderate-income working families (it is not known how many of those families had infants and toddlers).[18]

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Research shows that the EITC is a highly effective child poverty reduction strategy. One study found that it helped to lift more than 4 million families out of poverty, including 2.4 million children.[19] Another analysis found that in 1996, the EITC reduced young child poverty by about one-quarter.[20] The program has been especially effective in promoting work force participation among single parents. Building on the federal model, 12 states have created their own Earned Income Tax Credit programs. Ten of those programs, paralleling the federal program, offer a refundable tax credit.[3] A recent analysis by the National Center for Children in Poverty suggests that if all the states had refundable earned income credits between 25% and 50% of the federal EITC, it would lift between one-half and one million children out of poverty.[17]

TANF

The Temporary Assistance to Needy Families (TANF) program targets the smallest group of low-income families—those with virtually no income. TANF is the latest version of America's welfare program, which replaced the Aid to Families with Dependent Children program (AFDC) in 1996. TANF gives a monthly cash assistance benefit to eligible families. The size of the benefit is set by states, with the maximum annual benefit ranging from $1,968 in Alabama to $11,076 in Alaska.[3] TANF requires that even parents of very young children work as a condition for receiving cash assistance.

The work requirement that is central to the TANF program marks a significant departure from the AFDC program. Historically, mothers of children under age three were exempted from any work requirements on the premise that mothers needed to be home with their children. The premise of TANF is that mothers, regardless of the age of their children, should work. In fiscal year (FY) 1999, close to one-third of families receiving TANF had children under age three, 12% had infants, and 21% had children between ages one and two.[21] The federal TANF regulations permit states to exempt mothers of infants and toddlers from work requirements for up to one year. As of 1999, 23 states had adopted one-year exemptions—5 states had exemptions longer than one year, 4 states exempted parents for up to six months, while 12 states had a three-month exemption. The remaining states had no exemption criteria.[22] There has, unfortunately, been very little research on what these requirements mean to families in real-life terms. One study found that mothers return to work early regardless of the length of the work exemption.[23,24] Informal reports also suggest that the pressure on new mothers to work is having a chilling effect on their willingness to participate in home visiting and other family support programs.[25]

The fact that welfare policy now requires mothers of infants to work no doubt reflects the demographic reality that, across all income groups, 61% of mothers of infants

Research shows that the EITC is a highly effective child poverty reduction strategy. One study found that it helped to lift more than 4 million families out of poverty.

and toddlers are working.[14] But for poor, single mothers of infants, work often means low-wage jobs, irregular hours, no benefits, and child care of questionable quality. Whether this policy shift will be beneficial or harmful in the long run (in the absence of a major effort to address the quality of infant-toddler child care) remains to be seen. (See the article by Phillips and Adams in this journal issue.) This is an issue crying out for careful scrutiny through both policy and developmental research.

Child Support Enforcement

Approximately 30% of children in America live in single-parent families. The vast majority of these families are headed by women, although the percentage of single fathers is increasing.[26] Since 1975, the federal government has steadily increased efforts to see that noncustodial parents pay child support, through child support enforcement policies (referred to as Title IV-D of the Social Security Act).[27] Success has been mixed. In 1998, only 60% of the 11.9 million single-headed households eligible for child support payments even had a support award from the court. Of these, only 22% received the amount to which they were entitled.[28] Although it has been estimated that potentially $51 billion could be collected in child support payments, only $16 billion is actually collected. Largely as a result of the federal child support enforcement program, however, collections on behalf of never-married mothers have increased from 4% in 1976 to 18% in 1997.[28]

Of particular significance for parents of infants and toddlers are recent concerted efforts to reach out to new fathers to establish paternity (without which child support enforcement efforts cannot proceed). In 1999, close to 950,000 paternities were established. Mothers who receive TANF payments are required to name the fathers of their children. Sometimes, such requirements can be used as a catalyst for outreach programs that help unmarried fathers connect with and nurture their babies.[26]

Family and Medical Leave Act

The Family and Medical Leave Act (FMLA), enacted in 1993, sets forth expectations for employers but, as currently structured, does not provide any direct economic benefits to families. (See the article by Asher and Lenhoff in this journal issue.) The law requires public agencies and businesses with more than 50 employees to offer unpaid family leaves of up to 12 weeks to parents of newborns, those who are adopting children, and those who must care for an ill family member. Not surprisingly, relatively few new parents have taken advantage of the FMLA, since doing so requires a certain level of affluence. (See the article by Friedman in this journal issue.) But the law does signal a new attention to the problems that families face in balancing work and family life in general, and it acknowledges the importance of early nurturing in particular.

Policies to Provide Access to Basic Supports

Poor families with very young children benefit greatly from government income support programs, but they also rely heavily on federal policies that address their basic needs for food, shelter, and health care. These programs have a special significance for babies, toddlers, and their parents, since poor health and nutritional deficiencies are especially threatening for children during the first three years of life. Babies who lack adequate nutrition, homeless infants and toddlers, and young children who lack health care all suffer in the short term, and they often experience long-term consequences. (See the article by Thompson in this journal issue.)[9] Moreover, this is also a crucial time for the baby's primary caregivers to be well-nourished and in good health. Table 2 highlights selected federal programs that help families access these basic supports.

Food Stamps

The basic federal program for families without sufficient resources to buy nutritionally adequate food is the food stamp program. Through it, recipients receive coupons that can be redeemed for most groceries in food stores. Its reach is broad. In 1999, the program served some 18.2 million people in 7.7 million households, at a cost of $21.2 billion. This number represents a decrease of more than nine million households since 1994, a matter of some concern.[28,29] There is no information on how many families with infants and toddlers receive food stamps. Only six states enroll 75% or more of the estimated population of eligible young children.[3]

Table 2

Major Federal Basic Support Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Medicaid	An entitlement program to provide health insurance to low-income individuals.	All low-income individuals. All children under age six with family income at or below 133% of poverty level.	In 1998: F = $117 billion (all ages)[1] S = $87.6 (all ages)	In 1998: 18.3 million children (all ages), including 4.6 million children under age six (49% of those eligible)
State Child Health Insurance Program (SCHIP)	Formula grants to states for insurance for low-income children.	States establish criteria, may cover up to 200% of poverty level and in some instances more.	In 1998: F = $4.2 billion alotted S = N/A	In 1999: 2.0 million children (all ages)
Food Stamps	Coupons to allow families to provide nutritionally adequate low-cost diet.	Family income at or below 130% of poverty level. Must be working or in training to receive food stamps for over 3 to 6 months in any 36 months.	In 1999: F = $19.3 billion S = $1.9 billion	In 1999: 19.3 million individuals
Women, Infants, and Children (WIC)	Food assistance, nutrition-risk screening, nutrition education, referrals for low-income women and their young children.	Family incomes at or below 185% of poverty level. Nutritional risk. Women who are pregnant or post-partum; children under age five.	In 1999: F = $4.0 billion	In 1999: 1.9 million infants 1.7 million women 3.7 million children (ages 1 to 5)
Housing Assistance	Public housing and rental subsidies to reduce housing costs and improve housing quality for low-income families.	Programs vary, but generally: income at or below 50% of local median income level. Housing costs more than one-half of family income. Living in substandard housing.	In 1999: F = $53 billion	In 1999 to 2000: 5.2 million households

[1]In 1998, children were 45% of all Medicaid beneficiaries but accounted for only 14% of Medicaid expenditures. The average per capita expenditure was $1,117 for children and $10,243 for the elderly. For the 16 million children in foster care, the average expenditure was $3,583.

Source: Committee on Ways and Means, U.S. House of Representatives. *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. Government Printing Office, 2000. Specific information is available on Medicaid in Table 15-13 on p. 912, and Table 15-16 on p. 915; on SCHIP in Table 15-28 on pp. 939–41, and Table 15-27 on p. 934; on food stamps in Table 15-4 on p. 870, and Table 15-11 on pp.891; on WIC in Table 15-36 on p. 961; and on Housing Assistance in Table 15-23 on pp. 953–54, and in Table 15-30 on pp. 948–50.

WIC

Recognizing the special importance of adequate nutrition for pregnant women, infants, and young children, the federal government established the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC). Funded in FY 1999 at about $4 billion, WIC targets low-income pregnant, breast-feeding, and postpartum women, and infants and children up to age five, providing nutritional supplements, coupons that can be used to buy specific foods, and nutritional education to

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The Medicaid program has been a very important source of health care for low-income children, at a relatively low cost of about $1,117 per child per year.

women and children determined to be at nutritional risk.[28] Evidence suggests that children enrolled in WIC benefit nutritionally and are more likely to have access to health care and up-to-date immunizations.[30] Even so, only 11 states supplement the federal WIC dollars with state resources.[3,31]

Health Care

Since 1965, the Medicaid program has provided government-funded health insurance to low-income young children, including babies and toddlers. Medicaid is an entitlement program (which means that anyone meeting eligibility requirements must be served). In 1998, Medicaid served about five million children, or 61% of all young poor children from birth to age five, and 24% of all young children. The program pays the medical costs for about one-third of all U.S. births[32] and serves about 40% of all infants in the country.[33] Through a provision known as early and periodic screening, diagnosis, and treatment (EPSDT), Medicaid pays for a complete package of basic health services needed by children. For infants and toddlers, this package includes well-baby visits on a schedule that meets pediatric standards, plus screening for elevated lead levels at ages one and two. The Medicaid program has been a very important source of health care for low-income children, at a relatively low cost of about $1,117 per child per year. The child health component of Medicaid represents between 14% and 15% of the program's total expenditures.[28]

Many children still remain without health insurance so, in 1997, Congress created the State Child Health Insurance Program (SCHIP), funded at $40 billion between 1998 and 2007.[28] SCHIP gives states the option of expanding health coverage to children in families with incomes up to or above 200% of the poverty level. In contrast to the comprehensive pediatric care required by Medicaid, SCHIP requires only well-baby and well-child care and immunizations.[32] SCHIP is not an entitlement program, but it has had a powerful effect in expanding access to health care. As of January 1, 2000, some 20 states covered children under age six at 200% of the poverty level, and 13 states set the eligibility cutoff even higher.[3] By 2000, more than three million children had been enrolled.[34]

Having health insurance is also important for parents of infants and toddlers, both because of the health risks of pregnancy and because a serious parental illness in infancy can disrupt a relationship at a crucial time. However, the picture is not as promising for parents as it is for children. SCHIP provides no coverage for parents, and Medicaid coverage is limited. Only two states cover parents with incomes up to 200% of the poverty level, 10 states cover parents with incomes up to the poverty level, and 18 states cover parents only in very poor families (those with incomes at 50% of the poverty level).[3] A few states and jurisdictions (including Florida, Rhode Island, and San Francisco) extend coverage to child care providers as a way to reduce turnover and improve child care quality. (See the article by Levine and Smith in this journal issue.)

Summary

The policies highlighted in this section define America's current agenda to reduce child poverty. As Tables 1 and 2 show, they affect the lives of millions of children and families. What they do not do, however, is address emerging developmental knowledge about what children need to thrive. Only the FMLA explicitly addresses work/family challenges, albeit not income challenges, and none of these policies seeks to promote healthy parent-child relationships. That is left entirely to parents. Most reflect the traditional paradigm of offering government intervention as a last resort. Whether this is the right approach for the twenty-first century, in a society in which fully 41% of young children live in families earning under 200% of the poverty level, remains a central, unaddressed question.

The Special Challenge of Child Care Policy

From a policy perspective, child care is primarily viewed as a basic support that enables parents to work. In a society in which 61% of women with children under age three are employed (as are even more women whose children are older), child care is indeed a basic necessity. (See the article by Phillips and Adams in this journal

Table 3

Major Federal Child Care Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Dependent Care Tax Credit	Tax credit for child care expenses (up to $2,400 for one child, $4,800 for two children).	Families who pay taxes and have children under age 13.	In 2000, estimated: $2.2 billion in revenue loss	In 1997: 5.8 million claims were made, averaging $425 per family
Child Care Development Fund (CCDF)	Child care subsidies for low-income families.[1]	Families who are working or in training, with incomes at or below 85% of state median income level. Children in protective child care.	In 1998: F = $3.5 billion S = 1.7 billion	In 1998: 1.5 million children served, or an estimated 15% of those eligible
Temporary Assistance to Needy Families (TANF)	States can transfer up to 30% of TANF to CCDF, to subsidize child care for families receiving or leaving TANF.	Needy children as determined by the state.	In 1999: F = $16.5 billion S = $1.14 billion in fund transfers	Not available
Child and Adult Care Food Program (CACFP)	Subsidies for meals and snacks served in Head Start, child care, after-school programs, and shelters.	Children under age 12 in centers, age 18 in after-school settings, age 16 if migrant, and any age if special needs.	In 1999: F = $1.6 billion	In 1999: 2.6 million children

[1]States must use at least 70% of total entitlement funds for child care services for TANF families or families at risk of welfare dependency. No less than 4% of all funds must be used for child care quality-improvement activities (that is, consumer education, activities to increase parental choice, and efforts to improve the quality and availability of child care).

Source: Committee on Ways and Means, U.S. House of Representatives, *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means*. Washington, DC: U.S. Government Printing Office, 2000. Specific information is available in Table 9-15 on pp. 600–1; on Dependent Care Tax Credit in Table 13-15 on p. 819; on CCDF in Table 9-26 on p. 621; and on CACFP on p. 962.

issue.) But, in fact, child care should be viewed as much more than just a basic support to parents. Today's infants and toddlers spend unprecedented amounts of time in child care settings. An analysis of data from 12 states, for instance, found that 39% of infants and toddlers with employed mothers are in child care centers or family child care homes, for an average of 25 hours a week.[85] For these infants and toddlers, child care should be an opportunity to promote the kinds of nurturing early experiences that research indicates are so important for later development.[9] Public investments in child care are important not just to support parental employment, but to advance public policy goals, such as school readiness and sound early nurturing. For the most part, however, child care policies do not focus on early nurturing.

Current federal child care policies (highlighted in Table 3) focus primarily on the cost and availability of child care. The policies aim to make care more affordable to families primarily through two basic strategies: tax cred-

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Despite large increases in spending for child care over the past few years, the vast majority of children who are potentially eligible do not receive subsidies.

its for the more affluent and child care subsidies for low-income families. In addition, the Child and Adult Care Food Program (not discussed in this text) reimburses the cost of food served to children in child care settings.

Child Care Tax Policies

The federal dependent care tax credit allows families with children under age 13 to claim a credit against their federal taxes for the cost of child care. The credit can go up to $2,400 for one child and $4,800 for two or more, depending upon the family income and actual child care expenses. (The benefit levels were set in 1981 and are not indexed for inflation.) It is estimated that, in 1997, this credit cost the federal government $2.5 billion in lost revenue.[36] The federal credit is not refundable, so it is of no help to low-income families who do not owe taxes, although it is an important benefit for middle- and upper-income groups. Most states have also built dependent care tax credits into their income tax laws,[37] but only eight states have made them refundable, with maximum benefits ranging from $288 to $1,400 for families with the lowest incomes.[38]

Child Care Subsidies

For low-income families, child care policy takes the form of making subsidies available to cover all or part of the costs of care for families transitioning from or trying to stay off of welfare. The federal child care subsidy program, known as the Child Care Development Fund (CCDF), was funded at $3.5 billion in FY 1998. States added an estimated $1.7 billion in funding for child care subsidies.[28] In 1998, close to 17% of the CCDF caseload was comprised of children under age two, and 28% were children under age three. The implementation of the child care subsidy system is complex, with considerable variation in state policies about who is eligible, how much families must pay, and the type of care that can be reimbursed.[39] States are permitted to enroll children in families earning up to 85% of the state's median income. However, despite large increases in spending for child care over the past few years, the vast majority of children who are potentially eligible do not receive subsidies. Nationally, it is estimated that only 12% (about 1.7 million children) out of the estimated 14.7 million eligible children receive child care assistance. Enrollment varies considerably by state, from a low of 3% in the District of Columbia to a high of 25% in West Virginia.[40]

As suggested earlier, efforts to use child care policies to promote early nurturing and appropriate stimulation are limited. States must use at least 4% of their total federal allocation for efforts to improve the quality of care and provide consumer education. However, a recent study of state policies suggests that these funds most often go to small projects, not to implement a strategic state plan to improve child care quality.[39] In 1998, Congress earmarked $50 million of the CCDF pool of dollars for strategies to increase the supply and improve the quality of care explicitly for infants and toddlers. There has been, however, no systematic accounting of how these funds have been used.

Summary

The policy picture is clear. Child care policy is indeed a special case, but it remains largely outside of the policy debate about how to promote the well-being of young children and ensure that they enter school ready to learn. A recent report noted that child care and early learning are two sides of the same coin,[41] but policymakers have yet to integrate this perspective in existing approaches.

Policies to Promote Nurturing Care and Early Development

All infants and toddlers require nurturing and appropriate stimulation from their parents and other caregivers, but some face very special challenges as they navigate the crucial early years. Some challenges are related to family issues, such as poverty, substance abuse, domestic violence, and depression.[42] Sometimes, the problems are related to the babies themselves, if they are born with special health challenges or disabilities. Even though the child care policies just highlighted reflect little explicit attention to promoting nurturing, healthy relationships and positive stimulation, the federal government does invest in some developmental programs for infants and toddlers that are based on promoting healthy early relationships. Three such programs are described here and outlined in Table 4 (Early Head Start; Even Start, which

Table 4

Major Federal Early Care and Family Support Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Early Head Start (EHS)	Head Start programs develop social competence, learning, health, and nutrition in low-income children birth to age five, and provide family support. EHS serves those under age three.	90% of children served live in families with incomes at or below the poverty level. 10% of children served have special needs/disabilities.	In 2000: F = $5.3 billion for Head Start (of that, $421 million goes to EHS)	In 2000: 857,664 children attended Head Start (including 45,100 infants and toddlers in EHS)
Even Start	Provides family literacy programs integrating early childhood education, adult literacy, basic education, and parenting education.	Low-income, low-literacy families with children under age seven.	In 1999: F = $137 million (including $2 million for Native American and migrant families)	Not available
Early Intervention for Infants and Toddlers	Promotes development and remediates problems among infants and toddlers with identified disabilities. (Also called Part C of IDEA.)	Children with developmental disabilities with specific criteria set by states.	Not available	In 1998: 188,000 infants and toddlers with special needs

Source: Information on Early Head Start is available online at the Head Start Bureau's Web site: http://www2.acf.dhhs.gov/programs/hsb/about/fact2001.htm. Information on Even Start is available online at the U.S. Department of Education's Web site: http://web99.ed.gov/GTEP/Program2.nsf. Information on Early Intervention comes from the U.S. Department of Education. 22nd annual report to Congress on the implementation of the Individuals with Disabilities Education Act. Available online at http://www.ed.gov/offices/OSERS/OSEP/JSEP2000AnlRpt/.

is a family literacy program; and the Early Intervention Program for Infants and Toddlers with Disabilities).[43] Finally, a brief mention is made of current child welfare policies because they affect so many high-risk young children.

Early Head Start

In 1994, in response to compelling research that early experiences and relationships affect how the brain grows and set the framework for development (see the article by Thompson in this journal issue),[44] Congress took a dramatic step toward recognizing the importance of positive early experiences for infants, toddlers, and their families. They created the Early Head Start (EHS) program to serve pregnant women and children under age three in poor families. Built on the defining principles of Head Start (which primarily serves four-year-olds), the goals of EHS are to promote child development and enhance family efforts to nurture and educate their children. EHS adopts a deliberate two-generation strategy that supports both babies and their parents through individualized child development and family support services. The program is also charged to work with those who provide child care to children enrolled in EHS. (See the article by Fenichel and Mann in this journal issue.)

Since 1994, the program has grown rapidly, serving an estimated 45,000 families in 2000 with an allocation of more than $400 million (about 10% of current funding for Head Start). In addition, six states supplement the federal funds for EHS to expand the numbers of infants, toddlers, and families served—a pattern which is likely to increase.[3] An evaluation report, released in January 2001, found that after a year or more of program serv-

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ices, two-year-old EHS children performed significantly better than a control group on measures of cognitive, language, and social-emotional development; and their parents scored higher on measures of home environment, parenting behavior, and knowledge of infant-toddler development. EHS parents were also more likely to attend school or have jobs, and they experienced less stress and family conflict.[45] These findings show that by taking a comprehensive, family-focused approach, it is possible to improve outcomes for a population at risk of poor emotional, social, and cognitive development.

Even Start

The Even Start Family Literacy Program, first enacted in 1989, is part of comprehensive legislation known as the Elementary and Secondary Education Act. Targeting community-based organizations, it provides funding for an approach to family literacy that combines early childhood education, adult literacy or adult basic education, and parenting education. Families with children from birth to age eight are eligible for enrollment. Although the funding level for this program is far less than the funding for the basic support programs highlighted in Table 1, the program is of interest because it requires attention to child development, parent-child development, and adult development. It also provides one funding stream to pay for its varied services.[46] The exact look of these program components is determined locally, but, like EHS, Even Start programs are both comprehensive and two-generational. Many other programs must find different funding sources to integrate these foci.

Early Intervention

The federal early intervention program for infants and toddlers was enacted in 1986 as part of the federal special education law (IDEA). Like EHS, this program was also a response to research findings. In this case, studies showed that the sooner intervention services begin for children with developmental delays, the higher the level of functioning that can be achieved. By 1998, some 186,000 children from birth to age three (1.6% of the total population of all children in that age group) were being served by this program.[11,47]

This groundbreaking program requires a "family service plan" for each baby or toddler with identified developmental delays or disabilities. (For children over age three, the focus is on the child rather than the family.) The program is designed to ensure that eligible young children

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receive a multidisciplinary assessment of their disabilities and then referrals to needed occupational, physical, communication, or other therapies. It also aims to see that parents and, in some states, other caregivers receive help in learning how to deal with the problems facing the child. State and community-level parent councils provide leadership to the program, overseeing the development of a multidisciplinary system of early intervention services. However, as currently implemented, most local programs do not directly address problems in early emotional development and relationships.[48]

Child Welfare Services

Each year, more than 150,000 children under age five are placed in foster care by court order because their parents have seriously abused or neglected them, are in jail, or are otherwise unavailable. Over the past decade, infants accounted for one in five admissions to foster care, and they now represent about 30% of all children in care. Infants also make up the largest single group of victims of substantiated child maltreatment, some of whom receive child welfare services in their own home.[49] Whether they are in foster care or receiving family support services in their own homes, these infants and toddlers are a particularly vulnerable population, already deeply affected by parental problems that pose a grave risk to their emotional health.[50]

For the most part, children affected by maltreatment are cared for by the nation's basic child welfare programs. One of these programs pays the cost of foster care for children (Title IV-E). Another provides incentives to promote the adoption of children in foster care who

cannot be returned to their own parents (the Adoption Assistance Program). In addition, several programs support an array of services to children and families primarily in their own homes. Altogether, funding for child welfare services is more than $4 billion, and it is expected to rise sharply.[28]

Although children who have been involved with protective services can receive subsidized child care, despite their vulnerability, there are no special child welfare incentives to address the developmental needs of the youngest children. Indeed, in most communities, despite the presence of an early intervention program, these children are seldom referred for developmental screenings or assessments through the early intervention program previously described.[9,51]

State Efforts to Promote Early Nurturing

The past few years have seen growing state policy action to support parents and promote child development.

Figure 1

States Funding Child Development and Family Support Programs for Infants and Toddlers in FY 2000

KEY: ☐ States funding programs that specifically target infants and toddlers (31 states)
☐ States not funding programs that specifically target infants and toddlers (20 states)
● States that did not report programs for infants and toddlers in *Map and Track 1998*, but have since added such programs (7 states)

Source: Cauthen, N.K., Knitzer, J., and Ripple, C. *Map and track: State initiatives for young children and families.* New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2000. Reprinted with permission.

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Joining federal- and state-controlled resources is a powerful strategy that challenges the perception that federal dollars mean federal control.

Many of these efforts focus particularly on four-year-olds. For instance, the 2000 edition of *Map and Track*, a biennial report issued by the National Center for Children in Poverty,[3] found that 75% of the state funds used for young children were targeted to preschoolers. Attention to the well-being of infants and toddlers is increasing, however. Although, in 2000, the total funding ($226 million) for infants and toddlers was only 8% of the reported state child development and family support expenditures, that amount represented an increase of 109% since 1998. As Figure 1 shows, 31 states now fund one or more child development and family support programs for children under age three.[3] Seven states added programs between 1998 and 2000.

Four examples of state approaches that promote early nurturing are highlighted here to illustrate how states can (1) maximize the use of federal policy and resources to achieve state goals, (2) provide training statewide for infant and toddler caregivers, (3) increase the impact of home visiting programs and plan strategically for new infant and toddler initiatives, and (4) use a network of family support programs as a hub for a diverse array of services that enhance parenting during the early years. Other articles in this journal issue also describe innovative state approaches (see especially the articles by Levine and Smith, and by Bodenhorn and Kelch). The examples here are drawn from the latest edition of *Map and Track*.[3]

Supplementing Federal Programs

Kansas is one of six states that supplements the federal EHS program with either TANF dollars, state dollars, or revenues derived from sources, such as lotteries. In Kansas, the state has chosen to allocate $5 million from its share of the federal TANF block grant to expand EHS to serve an additional 525 infants, toddlers, and families.[52] For the children enrolled in EHS, Kansas also provides a "seamless" system of full-day, full-year services from birth to age four. State funding bridges the gap in coverage that exists for three-year-olds who are usually too old for EHS and too young for Head Start. This linked system can serve only a small number of eligible children, but it marks the state's recognition of the importance of promoting continuity of care for infants, toddlers, and preschoolers in a deliberate, strategic way. Joining federal- and state-controlled resources is a powerful strategy that challenges the perception that federal dollars mean federal control. The Kansas example highlights how federal dollars are being used to implement the state's priorities and vision.

Improving Infant and Toddler Child Care

California's Program for Infant and Toddler Caregivers (PITC) is a child care training initiative that has been ongoing for a decade. The Child Development Division of the Department of Education currently partners with WestEd, a national training organization that produces a video curriculum for infant and toddler caregivers, to build community capacity to increase the supply and quality of infant-toddler care. The program invests in regional training coordinators certified by WestEd to work with local communities. The training coordinators mobilize local infant/toddler program administrators, family resource staff, local child care resource and referral staff, and others to promote infant-toddler care across the state. The aim is to design local strategies to recruit and train new infant-toddler care providers, improve the quality of infant-toddler care, and promote the inclusion of special needs children in child care programs.[53]

Building Home Visiting Networks

Notwithstanding research that suggests some caution in expectations about home visiting programs,[54] many states are investing resources in this strategy. In Massachusetts, state leaders hope to create a more family-friendly service delivery system. They are linking the state's early screening program, called FIRST Steps, with three targeted, voluntary home visiting programs that are now funded at more than $12 million. Families identified as needing additional help during the FIRST Steps screening are referred to the appropriate home visiting program in their own community. Each program serves a slightly different population: one program targets first-time teen parents, another serves families in 16 high-risk communities, and a third assists low-income families who are not eligible for Medicaid. In FY 2000, the state also invested $6.4 million in a fourth infant-toddler program focused on family literacy. That pro-

Although developmental research findings are beginning to be integrated into public policies, investments in children's early development pale in comparison to the investments in the family economic security programs.

gram is open to all. It uses community volunteers to provide literacy and family support activities to any family that is expecting or has a baby under age three.

The proliferation of small home visiting programs has raised concerns among state officials across the country and among families, who sometimes report receiving uncoordinated help from multiple home visitors. Massachusetts is one of the few states that has taken explicit steps to try to rationalize the service delivery system. In addition, Massachusetts has also created a broader public-private partnership, known as the Executive Summit on Infants and Toddlers, to map existing services for infants and toddlers and develop a strategic plan to promote high-quality services for the future. Key partners include the State Executive Office of Health and Human Services (representing public health, child care, education, and Head Start), higher education institutions, community providers, legislators, foundations, and public and private advocacy organizations. The summit has been a catalyst for cross-system training across the state and is developing a plan to increase the supply of infant-toddler child care.

Creating a System of Supports

Over the past several years, Vermont has also made a sustained effort to strengthen its policies to infants and toddlers. At the core of the Vermont approach is a network of Parent-Child Centers designed to promote nurturing early relationships for infants, toddlers, and their families. In addition, the state has developed regional early childhood planning councils across the state, linked to a statewide outreach team. The state has also developed strategies to meet the special needs of families on TANF, as well as those affected by substance abuse, domestic violence, and other factors that put their babies at risk of poor developmental outcomes. For example, caseworkers for Vermont's TANF program are stationed on site at the Parent-Child Centers and receive the same training on developmental issues as does the center staff. Most recently, the state has strengthened its capacity to assist caregivers, families, and children with early childhood mental health issues. For instance, the state funds mental health consultants in child care centers, informal parent support groups facilitated by mental health professionals, and clinical supervision for child care workers.[55] The state has also taken steps to address another problem reported across the country—the use of home visitors who do not have the skills to meet the needs of the most troubled families. To that end, through a memorandum of agreement with the state Health Department, mental health professionals now take over contact with the highest-risk families seen in the home visiting program.

Summary

The previously mentioned examples highlight three important themes. First, states are just beginning to explore opportunities to use federal programs, such as EHS and the early intervention program, to benefit very young children. Second, states are using their own funds to design a range of program approaches to meet the needs of those who care for infants and toddlers (that is, first-time parents, high-risk parents, and child care providers). Third, some states are beginning to focus on "system development" issues and are looking beyond individual programs. Some states seek to link staff who work with infants and toddlers to ongoing training and information about best practices. Other states focus on helping families do better at parenting, even in the face of work pressures. These efforts at strategic planning on behalf of the states' youngest residents are still new; children, regardless of age, do not get the strategic attention that economic development or land use does, but it is a start.

Toward the Future

America is in its infancy in developing explicit policies to promote the well-being of infants and toddlers, but there is much to build on. Millions of infants, toddlers, and their families already benefit greatly from the existing network of public policies, particularly federal policies related to family economic security. Without these

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policies, the extent and consequences of child poverty would be far more significant for children of all ages. But the efforts largely focus on very low-income families. Only through the EITC has America begun to develop an agenda to insure that working families have livable incomes. Moreover, although developmental research findings are beginning to be integrated into public policies, investments in children's early development pale in comparison to the investments in the family economic security programs. Given research showing the importance of the earliest years and demonstrating how environments and caregiving by parents and others affect development, more can and must be done. The following are areas where new policy initiatives could make a significant difference.

(1) Reduce state-by-state differences in basic supports available to families. Over many years, the federal government has put in place a potentially powerful network of supports for children and families. But recent analyses make it clear that there are very significant state-by-state differences in whether families with the same needs and incomes can access benefits. This suggests that within each state, there is a need to ensure federal benefits are being used to the fullest extent.

(2) Strengthen child care policies to better address early nurturing relationships and development. The challenge of child care is a difficult one. America does not seem to be prepared to make the investment it would take to ensure that every child is in a high-quality child care setting. Perhaps at the very least, this society might start with ensuring that every infant, toddler, and family who wishes it has access to a high-quality program comparable to EHS. That program now serves nearly 50,000 lucky young children, but countless other families would enroll their children in EHS or similar programs if they could. The concepts embedded in EHS resonate with families across the income spectrum; both affluent and low-income families need help with early parenting.[56] Society ignores these needs at its own peril.

(3) Create economic support policies to give parents across the income spectrum meaningful parental leave policies, with income supports that make choice possible. The pressures on new parents to work are great, whether the parents are welfare recipients or hold high-paying jobs. A critical agenda for the future is finding new ways to balance work and family life for families with children of all ages. Special urgency attends the need to solve the challenges of early parenting and work.

(4) Increase the resources available to provide intensive supports to the most vulnerable young children and families in all types of settings—including homeless shelters, foster care, child care, and substance abuse treatment programs. There is too much knowledge about the impacts of exposure to such risks to ignore. Systematic efforts must embed attention to the developmental needs of the most vulnerable children within existing policies that affect them or their parents.

This article has argued that there is a need to focus a new kind of policy attention on infants, toddlers, and their families, by integrating science with common sense and conscience. The existing policy framework is important, but it is now time to adopt a more nuanced approach to policy development. Society sets priorities through the allocation of public resources. America has long had a social contract with those who have worked and with the disabled. In view of emerging developmental knowledge, the time has come for a social contract that promotes the well-being of America's children and, particularly, its youngest. Across class and race, these children will face risks, challenges, and opportunities undreamed of by earlier generations. The benefits of existing federal policies for babies and their families must be maximized, and a developmental perspective must be embedded into new state and federal policies that affect the lives of so many young children.

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International Policies Toward Parental Leave and Child Care

Jane Waldfogel

SUMMARY

The pleasures and pressures of parenting a newborn are universal, but the supports surrounding parents vary widely from country to country. In many nations, decades of attention to benefits and services for new parents offer lessons worthy of attention in this country. This article describes policies regarding parental leave, child care, and early childhood benefits here and in 10 industrial nations in North America and Europe. The sharpest contrast separates the United States from the other countries, although differences among the others also are instructive:

- The right to parental leave is new to American workers; it covers one-half of the private-sector workforce and is relatively short and unpaid. By contrast, other nations offer universal, paid leaves of 10 months or more.
- Child care assistance in Europe is usually provided through publicly funded programs, whereas the United States relies more on subsidies and tax credits to reimburse parents for part of their child care expenses.
- Nations vary in the emphasis they place on parental leave versus child care supports for families with children under age three. Each approach creates incentives that influence parents' decisions about employment and child care.
- Several European nations, seeking flexible solutions for parents, are testing "early childhood benefits" that can be used to supplement income or pay for private child care.

Based on this review, the author urges that the United States adopt universal, paid parental leave of at least 10 months; help parents cover more child care costs; and improve the quality of child care. She finds policy packages that support different parental choices promising, because the right mix of leave and care will vary from family to family, and child to child.

Jane Waldfogel, Ph.D., is associate professor of social work and public affairs at Columbia University.

The birth of a new child, and the first few weeks, months, and years of the child's life, are a time when the tensions between the obligations of work and child rearing are particularly acute. Infants and toddlers need constant adult attention, whether it comes from a parent or from another caregiver, and that constant attention comes at a price, whether in foregone earnings for the parent or in the cost of alternative care. Moreover, the cost of caring for a child comes at exactly the time when families are incurring other costs—buying all the gear that babies need, plus food, diapers, and so on. Having an extra mouth to feed means that families find themselves having to stretch their incomes further when a new baby arrives, and this stretch plunges some families into poverty, or perilously close to it. Recent estimates suggest that one quarter of all poverty spells in the United States begin with the birth of a new child.[1] The pressures of caring for a new child are not all financial either. With the arrival of a new child, the mother must recover from childbirth, adults in the household must adapt to disrupted sleeping patterns, and everyone experiences changes in their daily routines. The responsibilities associated with parenting an infant and toddler are exhilarating, but also exhausting.

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Although the pressures of caring for a new child are universal, there is a good deal of variation across countries in the types of policies that governments use to support new parents (and all parents in general). Thus, there is value in looking beyond the borders of this country to observe what other countries do. Although the policies of other countries must be viewed in the context of how surrounding conditions support or challenge particular policy approaches, there is nevertheless much that the United States can learn from other countries about the range of policy options that might be used to support families as they arrange the day-to-day care of their young children.

This article provides an overview of the approaches that 10 peer countries take on the three major types of policies for infant and toddler care—parental leave, child care, and early childhood benefits—and it contrasts those approaches to the policy choices the United States has made to date. The countries included are Austria, Canada, Denmark, Finland, France, Germany, Italy, Norway, Sweden, and the United Kingdom—all members of the Organization of Economic and Community Development (OECD), that includes the 29 most advanced industrialized economies.[2] These OECD countries were chosen for comparison with the United States because data were available for them on the policy elements being considered in this article (that is, parental leave and child care provisions), and because they represent the three major types of social welfare states (Anglo-American, Nordic, and Continental European). In most of the countries described, it is important to note that the policies considered in this article occur within the context of an array of health and social services programs that provide medical care for infants and toddlers and also support parents in their parenting role. Such policies include health insurance, well-baby and immunization services, home health visiting programs, and so on. These policies have been documented in detail by Sheila Kamerman and Alfred Kahn,[3,4] who note the extent to which the United States lags behind other countries in their provision. This article considers the relative merits of the various types of policies supporting infant and toddler care, and it concludes by drawing lessons for the future direction of U.S. policy.

If a country offers little parental leave but more generous child care subsidies, parents are likely to return to work earlier and place children in child care.

Three Policy Options

Governments have typically used two major types of policies to help parents arrange day-to-day care for young children, and a few countries have begun experimenting with a third type. These three policies are parental leave policies, child care policies, and early childhood benefits. ***Parental leave policies***—whether in the form of maternity leave (for mothers), paternity leave (for fathers), or parental leave (for mothers or fathers)—help parents who were employed before the birth to remain at home for a period of time so that they can provide care for the child themselves. Usually, although not always, parental leave policies provide the right not only to a job-protected leave but also to some income replacement during the leave. ***Child care policies***, in contrast, help parents pay for nonparental care for the child by subsidizing the care that parents select, or by providing care directly through public programs. Child care programs serve children of both working and nonworking parents.

The third, newer policy approach to support parents in arranging the day-to-day care of their child is the use of ***early childhood benefits***. These benefits are essentially cash grants that can be used to cover the costs of caring for an infant or toddler, whether those costs involve foregone earnings (because a parent is staying home from work), or child care payments (because the family is purchasing nonparental care for the child), or some combination of the two. Although many countries outside the United States have historically had special maternity grants for women with newborns, early childhood benefits that extend into the first few years of life and that are provided, whether or not the parents are in paid work, are a relatively new phenomenon. Thus, early childhood benefits now constitute a third way that governments are helping parents arrange care for infants and toddlers.

A country's choice of a policy or set of policies can influence the decisions that parents make about care arrangements for their children. If a country offers generous parental leave but little child care, one would expect parents to be more likely to stay at home with their children than to use nonparental child care. Alternatively, if a country offers little parental leave but more generous child care subsidies, parents are likely to return to work earlier and place children in child care. In the absence of strong reasons to believe that government should induce parents toward one form of care arrangement rather than another, it is likely that the best approach is one that gives parents choices. One way to do so is to offer both parental leave and child care subsidies, so that parents can choose the mix of parental and nonparental care that is right for their family. Another way is to offer flexible supports, such as early childhood benefits, that parents can use to subsidize the cost of leave or the cost of child care.

Parental Leave Policies

Until 1993, the United States was one of the few industrialized countries without maternity leave legislation. Even since the passage of the Family and Medical Leave Act (FMLA) in that year, the United States still stands out as having particularly minimal legislation. This section reviews the provisions of the FMLA, compares it to the legislation of other countries, and summarizes evidence about the impact of such legislation on parents and children.

Family Leave in the United States

The FMLA provides the right to a short (12-week), job-protected parental leave for workers who meet qualifying conditions (that is, those who work in firms of at least 50 employees and have worked at least 1,250 hours in the prior year). Because of these qualifying conditions, fewer than one-half of the nation's private-sector workers are eligible for leave guaranteed by the FMLA.[5,6] A further limitation of the FMLA as a family leave policy is that it does not include any income replacement or pay during the leave; as a result, some workers who are eligible for leave do not take it.[7] (See the article by Asher and Lenhoff in this journal issue.)

In spite of these limitations, the FMLA has had quite a dramatic impact on parental leave coverage in the United

A long period of leave may make it harder for a woman to maintain her attachment to her employer and advance in her career.

States, especially for male workers as few men previously had the right to a paternity leave.[5] However, the impact of the law on parental leave usage has been less pronounced. Studies thus far have found generally small effects of the U.S. law on leave usage by new mothers,[8–11] and they have found no discernible effects on leave usage by new fathers.[11] The fact that the law extended coverage, but had so little impact on usage, suggests that there are limits to the extent to which families are willing and able to use the unpaid leave offered under the FMLA. Given the financial constraints that families with new children often face, taking leave without pay may simply not be an option for many of them

Leave Policies in Other Nations

The parental leave policies in the countries described here[12–14] differ from those in the United States in three major respects. First, the policies of other countries tend to provide a longer period of leave—an average of 10 months of childbirth-related leave in the developed nations that make up the OECD.[12] Second, other countries' policies typically provide some form of wage replacement (for parents who were employed prior to the birth) or income supplementation (for parents who were not employed prior to the birth).[15] Third, the policies of the other countries tend to be universal, covering all new mothers (maternity leave), all new fathers (paternity leave), or all new parents (parental leave). These cross-country differences reflect the historical origins of these policies. In countries other than the United States, maternity leave policies were introduced more than a century ago as a way of protecting the health of women and children.[12] Seen from a health perspective, it is not surprising that these policies provide for sufficient time off from work for a woman to recover from childbirth and to be home breast-feeding, that they provide income support as well as time off, and that they are universal in coverage.

When one compares the United States to peer nations, the differences in parental leave policies are striking, as can be seen in Table 1. In contrast to the United States, which offers fewer than three months of leave following childbirth and no wage replacement, Canada offers more than six months of childbirth-related leave (17 weeks maternity leave, plus 10 weeks of parental leave), and all but two weeks of the leave are paid at the rate of 55% of prior earnings. In the advanced European countries in Table 1, the periods of leave—nearly all paid—are even longer. The Nordic countries have very generous leave policies, ranging from 18 months in Denmark and Sweden, to three years in Norway and Finland. The continental European countries are also generous in comparison to the United States, guaranteeing leaves that range from 11 months in Italy to 3.3 years in Germany. Most similar to the United States, the United Kingdom lacked universal coverage until recently, but it now provides 18 weeks of maternity leave to all new mothers, paid as a percentage of prior earnings or as a flat rate depending on the woman's prior employment status. The United Kingdom recently added an unpaid parental leave of up to 13 weeks, which can be taken by a mother or father any time during the first five years of a child's life.

Take-up of these parental leave policies is very high, particularly on the part of women, and so too is reported satisfaction with them.[12,14] As would be expected, leave policies significantly influence women's employment and leave-taking behavior. When leave periods are extended or when benefits become more generous, women take longer leaves; similarly, when leave benefits are curtailed, women take shorter leaves.[16] Men, in contrast, have been much less responsive to changes in leave policies—even in Sweden, the country that has made the greatest effort to promote paternity leave.[17] Thus, a number of countries are now experimenting with ways to induce fathers to take more leave. One provision that has been tried in countries, such as Norway and Sweden, is the introduction of "use it or lose it" policies that provide additional leave time for the family that can be used only by the father.[13]

Costs and Benefits of Long Leaves

There is no consensus internationally as to how long parental leaves should last. Lengthy leaves—extending beyond the first year of life into the second and third year, and taken predominantly by women—have both costs and benefits.[18]

Table 1

Childbirth-Related Leave Policies in the United States and 10 Peer Nations

Country	Type of Leave Provided	Total Duration (in months)	Payment Rate
United States	12 weeks of family leave	2.8	Unpaid
Canada	17 weeks maternity leave 10 weeks parental leave	6.2	15 weeks at 55% of prior earnings 55% of prior earnings
Denmark	28 weeks maternity leave 1 year parental leave	18.5	60% of prior earnings 90% of unemployment benefit rate
Finland	18 weeks maternity leave 26 weeks parental leave Childrearing leave until child is 3	36.0	70% of prior earnings 70% of prior earnings Flat rate
Norway	52 weeks parental leave 2 years childrearing leave	36.0	80% of prior earnings Flat rate
Sweden	18 months parental leave	18.0	12 months at 80% of prior earnings, 3 months flat rate, 3 months unpaid
Austria	16 weeks maternity leave 2 years parental leave	27.7	100% of prior earnings 18 months of unemployment benefit rate, 6 months unpaid
France	16 weeks maternity leave Parental leave until child is 3	36.0	100% of prior earnings Unpaid for one child; paid at flat rate (income-tested) for two or more
Germany	14 weeks maternity leave 3 years parental leave	39.2	100% of prior earnings Flat rate (income-tested) for 2 years, unpaid for third year
Italy	5 months maternity leave 6 months parental leave	11.0	80% of prior earnings 30% of prior earnings
United Kingdom	18 weeks maternity leave 13 weeks parental leave	7.2	90% for 6 weeks and flat rate for 12 weeks, if sufficient work history; otherwise, flat rate Unpaid

Source: Kamerman, S.B. From maternity to parental leave policies: Women's health, employment, and child and family well-being. *The Journal of the American Women's Medical Association* (Spring 2000) 55: Table 1; Kamerman, S.B. Parental leave policies: An essential ingredient in early childhood education and care policies. *Social Policy Report* (2000) 14: Table 1.0.

On the down side, a long period of leave may make it harder for a woman to maintain her attachment to her employer and advance in her career. There may be negative effects on wages for women overall[19] because long leave periods may lead employers to view women as temporary employees and refrain from hiring, training, and promoting them. The fact that it is mainly women who take leaves and bear these consequences raises concerns about the extent to which lengthy parental leaves may impede progress toward gender equity in the labor market. A related concern is that lengthy leaves also reinforce the traditional gender division of labor in the home. There are also potential connections between more generous leave policies and higher rates of fertility, although there may also be offsetting effects that reduce fertility (if, for instance, longer leaves were associated with reduced infant mortality, which in turn would reduce subsequent fertility).[20] Moreover, exclu-

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Extending the total duration of childbirth-related leave to 10 months (the OECD average), and providing universal and paid coverage (as other countries do), would be prudent next steps.

sive parental care that extends into the second and third year of life may not be optimal for children's development. (See the article by Phillips and Adams in this journal issue.)

However, on the up side, longer leaves that extend beyond the first few months of life are associated with improved health outcomes for women and children.[21,22] These beneficial health effects may come about in part through breast-feeding. Breast-feeding is associated with better health outcomes for children,[23] and women who take leave are more likely to initiate breast-feeding and to continue the practice for a longer period of time.[24] Leaves that extend beyond the first six months of life are also associated with higher rates of employment for women of child-bearing age,[19] presumably because such policies provide an incentive for women to be employed before having children.

There may also be links between longer leaves and improved child development outcomes. A number of studies in the United States have found adverse effects on cognitive development or behavioral problems for children whose mothers work in the first year, particularly for those whose mothers work early and/or long hours in the first year of the child's life.[25] These effects tend to be small, are not found for all children or in all studies, and may not persist beyond the preschool years. This literature, nevertheless, suggests that some children might do better along some dimensions if their mothers had the chance to stay home for a longer period of time in the first year of life.

Thus, in thinking about lessons to be drawn from other countries, the United States should strive to get the balance right. Expanding parental leave provisions—so that leaves extend beyond the 12 weeks currently available under U.S. legislation, are universally available, and are paid—would clearly have many positive benefits for women and children. If the leaves extended into the second and third year of life, however, the risk might arise that women would become too detached from the labor market, with adverse consequences for their own careers and for those of other women. Also children who were in exclusive parental care during the first three years of life might become too socially isolated. Fortunately, however, there is plenty of room in the United States for significant parental leave expansions without running these risks. Extending the total duration of childbirth-related leave to 10 months (the OECD average), and providing universal and paid coverage (as other countries do), would be prudent next steps.

Child Care Policies

The second major way governments help families care for infants and toddlers is through child care policies. This section offers a brief comparison between child care policies in the United States and other nations, and it reviews evidence regarding the impact of child care policies on parents' decisions and children's experiences. (For a fuller discussion of child care issues, see the article by Phillips and Adams in this journal issue.)

Public Support of Child Care

Governments may provide child care directly, or they may subsidize or reimburse some of the costs of care that parents purchase from the private market. One useful way to summarize the level of support that a country provides is to calculate the share of children who are enrolled in care that is either publicly provided or that is at least partly subsidized or reimbursed by government. As shown in Table 2, in general, the United States provides a lower level of child care support than the 10 peer nations listed.[26,27] Only 5% of U.S. children under age three, and only 54% of children ages three to six, are in publicly supported child care. This latter figure for the United States may seem high given that only about 15% of eligible low-income families receive subsidized care, but a substantial share of families receive some public support through tax credits or through the enrollment of their children in publicly provided preschools or kindergarten programs.

Although the child care figures for Canada are quite comparable, the figures for the other nations in Table 2 are considerably higher. In the Nordic countries, the share of zero- to three-year-olds in publicly supported care ranges from a low of 20% in Norway to a high of 48% in Den-

Table 2

Publicly Supported Child Care in the United States and 10 Peer Nations

Country	Percentage of Children in Publicly Supported Care		Share of Child Care Costs Covered by Government	
	Age 0–2	Age 3–6	Age 0–2	Age 3–6
United States	5%	54%	25%–30%	25%–30%
Canada	5%	53%	N/A	N/A
Denmark	48%	82%	70%–80%	70%–80%
Finland	21%	53%	85%	85%
Norway	20%	63%	68%	68%
Sweden	33%	72%	82%–87%	82%–87%
Austria	3%	80%	N/A	N/A
France	23%	99%	72%–77%	100%
Germany	2%	78%	N/A	N/A
Italy	6%	91%	N/A	N/A
United Kingdom	2%	60%	N/A	N/A

Source: Data on percentage of children in subsidized care from Kamerman, S.B. Early childhood education and care: An overview of developments in the OECD countries. *International Journal of Educational Research* (2000) 33:7–29, Table 1; and Meyers, M.K., and Gornick, J. Cross-national variation in ECEC service organization and financing. In *Early childhood education and care: International perspectives*, S.B. Kamerman, ed. New York: Institute for Child and Family Policy, Columbia University, 2001, pp.141–76, Table 4. Data on share of child care costs covered by government calculated, using data from Meyers and Gornick, 2001, Table 5.

N/A indicates not available.

mark, while the share of three- to six-year-olds in publicly supported care ranges from 53% in Finland to 82% in Denmark. The continental European countries have lower rates of enrollment for zero- to three-year-olds—ranging from a low of 2% in Germany to a high of 23% in France, but enrollment for three- to six-year-olds are universally high—ranging from 78% in Germany to 99% in France. Even the United Kingdom, which has historically lagged behind other European countries in child care provision, has a higher share of children ages three to six in publicly supported care than does the United States (although very few British children under age three are in publicly supported care). Child care enrollments in the United Kingdom will soon rise for three- to six-year-olds as a result of a national child care strategy, which pledges to make a publicly funded preschool space available to all three- and four-year-olds.

Countries also vary in the extent to which the costs of child care are borne by government or by parents.[34,37] Although data are not available for all countries, the pattern of results in Table 2 indicates that here, too, the United States lags behind other countries. One estimate suggests that the U.S. government covers 25% to 30% of the cost of child care for children under age three and children ages three to six. (This support takes several forms in the United States: tax credits to reimburse parents for child care fees, subsidies given to parents, and care that is purchased for free or at a reduced cost.) In the other countries for which data are available (Denmark, Finland, France, Norway, and Sweden), government funds the majority of the costs of care, covering between 68% and 100% of the costs depending on the country and the age of the child.

Expectations of Government

What accounts for the widely varying proportions of children in publicly funded care and the widely varying share of the costs of care covered by government? In part, these differences are linked to the differences in parental leave policies, as shown in Table 1. Some countries, such as Germany, offer lengthy parental leave in place of public support for child care. However, these differences in child care provision also reflect differing views of the government's role in providing care and education for children in the early years.

In the United States, the use of child care for infants and toddlers is seen as essentially a private decision, with the

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government bearing little or no obligation to assist with the costs, unless child care is necessary to help a low-income parent remain employed or unless an early intervention program is necessary to prepare a disabled or disadvantaged child for school. (See the articles by Sylvester and by Knitzer in this journal issue.) Although the United States does provide tax credits that help with child care expenses for working families of all income levels, and although an increasing number of states are providing no-cost preschool services prior to kindergarten, the investment that the United States makes in early childhood care and education pales by comparison to the investments being made by other countries. One recent study found that the United States spends $600 per year per preschool-age child on early childhood care and education, whereas France spends five times that amount (nearly $3,000 dollars), and Sweden spends seven and one-half times that amount (more than $4,500).[27]

In the Nordic countries and many other European countries, child care is seen as a public responsibility and a public good, like elementary and secondary education. These countries have long had universal provision of preschool care for children age three and older, and the Nordic countries have recently moved to guarantee a child care space for all children age one or older whose parents seek care.[26] Although child care systems vary across countries (see Box 1 for an overview of four peer countries that are widely recognized as leaders in child care provision), a common feature is that child care is relied upon to prepare children for school and adult life, and it is also seen as a

Box 1

Child Care Systems in Four Leading Countries

Denmark

Denmark has a mixed public/private system of care, with about two-thirds of the care publicly provided and about one-third provided by private organizations. The costs of both public and private care are heavily subsidized by the government, and parents pay fees that depend on their incomes (but in no instance exceed 20% to 30% of the costs of care). Enrollment rates have traditionally been very high for older preschoolers, and children are now guaranteed a child care space, if the family wants one, starting at age one. Programs serving children up to age six are overseen by the ministry of social services.

Sweden

Sweden has a public child care system that relies mainly on child care centers but also uses some family child care homes. The majority of the costs of care are subsidized, and parents pay fees that cover not more than 13% of costs (depending on their income). Enrollment rates have traditionally been very high for older preschoolers, and children are now guaranteed a child care space starting at age one, if the parents are working or in school. Sweden's child care system originally operated under the auspices of its social welfare system but has recently been transferred to the education ministry.

France

France has a dual child care system. Care for younger children is provided under the auspices of the social welfare system, in child care centers, family child care homes, or with other caregivers. These services are publicly funded, and parents pay a small share of the costs (but not more than 30%) depending on their income. Starting at age two, children can attend preschools (*écoles maternelles*), operated under the auspices of the education system; these preschools are universally available and provided free of charge, like public schools. Enrollment rates in the *écoles maternelles* for children age three and up are near 100%, and France has made a commitment to boost enrollment rates for two-year-olds from their current level of about 40% to 100%.

Italy

Italy, like France, has a dual child care system. Younger children are served in child care settings provided through the social welfare system. These services are mainly used by working parents, who pay a small share of the costs (but not more than 20%) depending on their income. Older children are served in free universal preschools (*scuola materna*) operated under the auspices of the education system. Most of these preschools are public, but about one-third are private or church affiliated.

Source: Kamerman, S.B. Early childhood education and care: An overview of developments in the OECD countries. *International Journal of Educational Research* (2000) 33:7–29; Meyers, M.K., and Gornick, J. Cross-national variation in ECEC service organization and financing. In *Early childhood education and care: International perspectives*, S.B. Kamerman, ed. New York: Institute for Child and Family Policy, Columbia University, 2001, pp. 141–78.

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What is best for one child or one family may not be optimal for another child or family. The right mix of parental leave and child care in the first three years of life will vary from child to child.

valuable end in itself, providing important social experiences for children.

The more limited role played by the government in child care provision in the United States is also reflected in the way in which the United States funds child care. The United States relies mainly on giving parents subsidies (or tax credits) to support their purchase of private child care, rather than offering places in publicly provided care.[28] Thus, the government has little direct control over the type of child care offered or the quality of that care. Although state and local governments attempt to influence quality through licensing efforts, the resulting private child care system is of widely varying quality, and much of the care offered has been found to be of only moderate or poor quality.[29] In other countries, in contrast, a larger share of child care is provided directly by government, either through the social welfare system or through the education system, and quality standards are more uniform and more rigorously upheld.

Thus, if the United States were to catch up with other countries in the area of child care provision, it would need to take several steps: provide more support for the costs of care for young children, provide universal and publicly funded programs for children ages three to six, and undertake efforts to improve the quality of care delivered in child care settings serving children from birth to school entry.

Balancing Leave and Child Care Benefits

Before leaving the topic of child care, it is important to note that another important point of difference between the United States and other countries is in the balance between parental leave and child care policies. It is apparent from Tables 1 and 2 that the United States, although less generous in child care policy than other peer countries, is nevertheless more generous in child care policy than it is in parental leave policy. Other countries (Germany, for example) go in the opposite direction, providing more support for parental leave than for child care. Still others (France and several countries in the Nordic group, for example) have adopted a more balanced approach, offering generous parental leave and generous child care benefits—and essentially allowing parents to choose the support that best meets their needs.

To the extent that policies influence parental behaviors and/or child outcomes, these differences in the balance between parental leave and child care matter. As discussed earlier, there is a good deal of evidence that parental leave policies influence the behavior of parents (particularly mothers). Child care policies matter too. Policies that lower the cost of care or increase the availability of care increase the likelihood that women will work in the labor market and will use nonparental care.[30] These decisions also affect children in varying ways that are not constant across all children (for a fuller discussion, see the article by Phillips and Adams in this journal issue). What is best for one child or one family may not be optimal for another child or family. The right mix of parental leave and child care in the first three years of life will vary from child to child. Thus, there is value in policy packages, such as those provided by France and some Nordic countries, which let parents make their own choices between parental care and nonparental care in the first three years of life.

Early Childhood Benefits

Another way to offer parents choices is through the provision of early childhood benefits—cash grants to families with children under age three that can be used to offset the costs of foregone parental earnings or the costs of nonparental care. This section describes the early childhood benefits that some countries are offering and reviews the pros and cons of these benefits. Because this policy gives parents a choice between providing care themselves and purchasing care, or some combination of the two, it does not—in and of itself—distort parent behavior. Nevertheless, shifting from a parental leave or child care approach to this more choice-oriented approach could change the incentives facing parents, and it is important to consider these potential effects.

How Early Childhood Benefits Work

The concept of giving parents an extra cash grant dur-

ing the first few years of life is not a new one. Experts[8] credit Hungary with being the first country to introduce this type of child-rearing allowance in 1967 and note that this type of policy then spread throughout Eastern Europe and, later, Western Europe. The primary goal of these early cash grant policies was to allow women to stay home for an extended period of time with young children. Another goal was to reduce the female labor supply during periods of high unemployment to reserve available jobs for men. Many countries today offer some form of cash benefit for parents on leave, as indicated in the earlier discussion of parental leave policies. However, these policies typically are restricted to parents who do not work in the labor market, or who limit their hours to part time.

Early childhood benefits, in contrast, are provided to all parents with children under age three regardless of whether or not they work in the labor market. These benefits are explicitly designed to allow families to choose parental care or child care, or some combination of the two. Early childhood benefits differ from welfare in that they are provided to all parents, regardless of income or employment status. They differ from child benefits or child allowances (a common form of benefit outside the United States) in that they are provided only to families with children under age three. And, as noted above, they differ from parental leave benefits in that they are not limited to parents on leave from work. Very few countries currently offer this type of benefit.

Implementation in Other Nations

Finland, in 1985, was the first to introduce an early childhood benefit. The grant is available to all families with a child under age three who are not using publicly funded child care. Given that Finland guarantees a publicly funded child care place for all children age one or older whose parents desire one, the early childhood benefit gives parents a choice between parental care, private child care, or public child care. A parent in Finland can choose to remain home and receive the child-rearing benefit, to work and use private child care and receive the child-rearing benefit, or to work and use public child care (instead of receiving the child-rearing benefit). Data on take-up of this cash benefit are limited, but it appears to be used by many women with infants, though the most popular option for toddlers remains publicly provided child care.[31,32] It is unclear how much impact the policy has had on women's labor force participation. Studies have found that the introduction of the cash benefit was associated with lower labor force participation rates for women with young children, but high unemployment rates in the early 1990s were also a factor influencing women's employment.[32,33]

The other Nordic country with an early childhood benefit is Norway. (Sweden enacted a child-rearing grant in 1994 but repealed it the following year before it came into effect owing to concerns about the law's impact on the country's commitment to publicly funded child care.[34]) After considerable debate, Norway enacted a

Providing flexible funds to parents does not improve the quality of child care on offer; parents might use the funds to purchase more child care or better child care, or they might use the funds to purchase other items.

child-rearing grant in 1998 that provides a cash benefit to parents of children age 12 months to 36 months. The benefit is roughly equal to the amount the government would pay for a publicly funded child care space and, like Finland's, it is provided on the condition that the child not attend publicly funded child care. Norway's policy has been controversial.[34] Although it was intended to give families more time to care for children and more choices in care arrangements, and to equalize the benefits offered to families who do and do not use publicly funded care for children under age three, the law has also had a number of other consequences. Given the shortage of publicly funded child care spaces and the fact that the new grant can only be used to purchase private care, the law has led to an expansion in the use of private care. The pressure to expand publicly funded care has eased, and the growth of publicly funded spaces has slowed. In the long run, then, the new policy may shift children from public sector child care into private-sector child care, which may or may not be desirable. Because the policy also subsidizes parental care, it may also induce women to stay out of the labor force longer. Again, this may or may not be desirable.

In addition to these Nordic countries, Austria is currently considering a universal early childhood benefit that parents could use to subsidize either parental care or purchased child care.[13] This option is also receiving some attention in the United Kingdom.[35] The provision of public child care in both these countries is fairly low, however, and private care is expensive relative to the proposed amount of the benefit. Therefore, the extent to which these child-rearing allowances will really give Austrian and British parents choices between staying at home or using child care is questionable.

Relevance in the U.S. Context

What impact would an early childhood benefit have in the United States? As suggested earlier, the United States has historically had more generous child care than parental leave provisions. Therefore, in the U.S. context, giving parents a grant that they could use to either stay home or purchase child care could give parents, mainly women, an incentive to spend more time at home. This may or may not be better for children (many experts feel that the typical period of maternity leave taken in the United States is too short, but the evidence that children of mothers who return to work early are harmed by this is mixed). Such a shift may or may not be better for parents (because lengthy periods out of the labor market can have long-term negative effects on the employment and earnings of parents—mainly mothers).[18,19]

It would also matter whether an early childhood benefit was instituted in place of, or in addition to, existing child care subsidies and tax credits. One expert[36] argues that if a cash benefit, like an early childhood benefit, replaced existing child care supports, it would be a boon to stay-at-home mothers without helping working mothers. It could even make stay-at-home mothers better off at the expense of working mothers, if funding were held constant. Providing flexible funds to parents also does not improve the quality of child care on offer; parents might use the funds to purchase more child care or better child care, or they might use the funds to purchase other items for their children or themselves.[37] Moreover, as discussed earlier, providing incentives for mothers to stay at home longer raises concerns about gender equity. However, providing support for stay-at-home mothers might be the price that must be paid in the U.S. context to secure more public support to fund higher-quality child care for working mothers.[36] If an early childhood benefit were implemented alongside strengthened support for child care subsidies or tax credits, as well as incentives for parents to use higher quality child care, it might expand the set of choices facing parents by making parental care, as well as child care, more affordable.

The impact of early childhood benefits would also depend on the level at which such benefits were funded. If benefits were not sufficient to allow a woman to forego work and stay home, then their impact on employment and care arrangements for children would

be minimal. Benefit levels in the two countries with such programs to date (Finland and Norway) have allowed women to stay home for a period of time. The fact that most women return to work and use publicly funded child care in the second year, however, indicates that either the benefit is not sufficient to allow them to stay home longer, or that they prefer to work and use child care at that stage.

Clearly, there are many questions to be answered with regard to the merits and feasibility of early childhood benefits as a policy to support families with young children. But, given the capacity of early childhood benefits to support parental choice around very personal decisions involving the care of infants and toddlers, it is also clear that this policy option deserves serious consideration.

Conclusions

The evidence reviewed here shows that, indeed, the United States differs sharply from other countries in its parental leave and child care provisions. What are the implications of these differences for future U.S. policy? Should the nation move to extend parental leave rights, to expand support for infant and toddler child care, to implement early childhood benefits; or should it pursue some combination of these?

The answers to these questions are not clear-cut. Too little is yet known about what care arrangements are best for children (keeping in mind that no one set of arrangements will be ideal for all children). Other impacts must also be considered. A strong gender thread runs through this discussion, because the parents who take parental leave are primarily women. Thus, if there are long-term impacts of lengthy leaves on parents' employment and earnings, they will likely affect mostly women, and these effects should be taken into account as well.

Several conclusions, however, are clear. With regard to parental leave, extending the total duration of childbirth-related leave to 10 months (the OECD average), and providing universal and paid coverage as other countries do, would be prudent steps. In the area of child care, providing more support for the costs of care for children under age three, moving toward universal and publicly funded preschool provision for three- and four-year-olds, and undertaking efforts to improve the quality of care delivered to both age groups would be three important steps that would bring the United States into line with peer nations. With regard to early childhood benefits, a careful study of how such a system would fit in the U.S. policy framework, and the effects it might have on the care of young children, would be a useful next step.

This article has carefully considered the pros and cons, and the incentive effects, of various policy options. But it is important not to lose sight of the bottom line message in the comparative data. When one considers the three main types of policies that countries enact to support families in arranging care for children in early childhood—parental leave, child care, and early childhood benefits—the United States clearly provides less support to families with children under age three than all its peer nations. It is also true, as noted earlier, that the United States has a weaker system of health and social services programs for families with infants and toddlers than other countries. This lack of public support means that parents in the United States bear a larger share of the costs of raising a young child than parents bear in other countries. How to optimally provide more support for young children's care arrangements—through expanded parental leave, more support for child care, and/or the introduction of early childhood benefits—and how to expand the U.S. system of health and social services for infants and toddlers are excellent questions for further research and discussion. But enough is known now to identify useful next steps. We should not delay in making the commitment to take those next steps to provide more support to families with infants and toddlers. Our young children deserve it.

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Reports from the Field

EDITOR'S INTRODUCTION

The following six articles, called "Reports from the Field," focus on action and innovation as they describe new efforts to strengthen the care given to the nation's youngest children. These are not reviews of research but stories written from the point of view of participants, promoters, and leaders. Innovations are, almost by nature, controversial, and opponents exist who would no doubt describe these changes in different terms. That is the give-and-take that drives American policy debates, as knowledge enters the rough-and-tumble world of politics, service delivery, and program implementation.

The first three reports address the dilemmas parents face as they juggle work demands with the daily care needs of their babies and toddlers. The first, by Asher and Lenhoff, explains how the Family and Medical Leave Act came about, tells of the broad coalition of advocates that promoted it, and outlines today's advocacy agenda for improving family leave policies. The second, by Zinsser, offers a thoughtful consideration of child care by relatives. Because this traditional form of care is more like parent care than professional care, the newest efforts to improve its quality use concepts of family support rather than professional training. The third report, by Lucas, describes the comprehensive child care system put in place by the military over the last dozen years. Because one-half of the children served in the military's centers and family child care homes are under age three, the military's oversight and investment in program quality are especially important to anxious parents. In differing ways, these three reports present approaches that improve the options open to parents as they make decisions about infant and toddler care.

Broadening the lens from family choices regarding caregiving and work, the last three reports document ambitious efforts that use new funds to integrate and enrich the array of services that specific communities offer families with very young children. These initiatives reach beyond child care to include family support, health, early learning, and

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intervention to reduce risks to children. They seek to do business in new ways by starting with inclusive planning efforts, capitalizing on public/private partnerships, and supporting local innovations that respond to community needs.

The fourth report, by Fenichel and Mann, explains the origins and structure of Early Head Start, begun in 1994 to extend Head Start's comprehensive services to children under age three. This report highlights the program's efforts to balance federal oversight with local flexibility while building the strengths of children, families, and communities. The fifth report, by Levine and Smith, reviews the Carnegie Corporation's release of the high-profile *Starting Points* report and subsequent grants to public/private partnerships in selected cities and states to create services, improve programs, and reshape policies to benefit infants, toddlers, and their families. The final report, by Bodenhorn and Kelch, tells the story of the implementation of Proposition 10, a 1998 California referendum that imposed a new tobacco tax and devotes the revenues to young children and their parents. Here, newly formed multidisciplinary commissions at the state and county levels have been given the power and responsibility to use significant new resources to achieve child development goals. In all three reports, new funding for programs has come wrapped in the promise and challenge of new approaches to governance.

These descriptive accounts, stories that ring with the conviction that motivates both advocates and leaders, are included to illustrate the excitement and the struggles facing those who set out to create new supports and options for families as they care for the youngest members of our society.

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Family and Medical Leave: Making Time for Family Is Everyone's Business

Lauren J. Asher
Donna R. Lenhoff

When the Family and Medical Leave Act (FMLA) was signed into law in 1993, it became America's first federal policy explicitly designed to help employees balance work and family. It broke new ground by requiring employers to acknowledge employees' critical family obligations, and by recognizing the dual economic and caregiving roles of both women and men.

Although extremely modest when compared to policies in most other industrialized nations, the FMLA did not move easily from idea to implementation. Instead, it took nine years and the efforts of hundreds of individuals, organizations, and state and federal policymakers to establish the basic principle that people should not have to choose between their loved ones and their jobs. Since 1993, the FMLA has helped more than 35 million people keep their jobs and health insurance while caring for new babies and sick family members, or while recovering from their own serious illnesses. Approximately 18% of the leaves are taken to care for a newborn or a newly adopted child.[2]

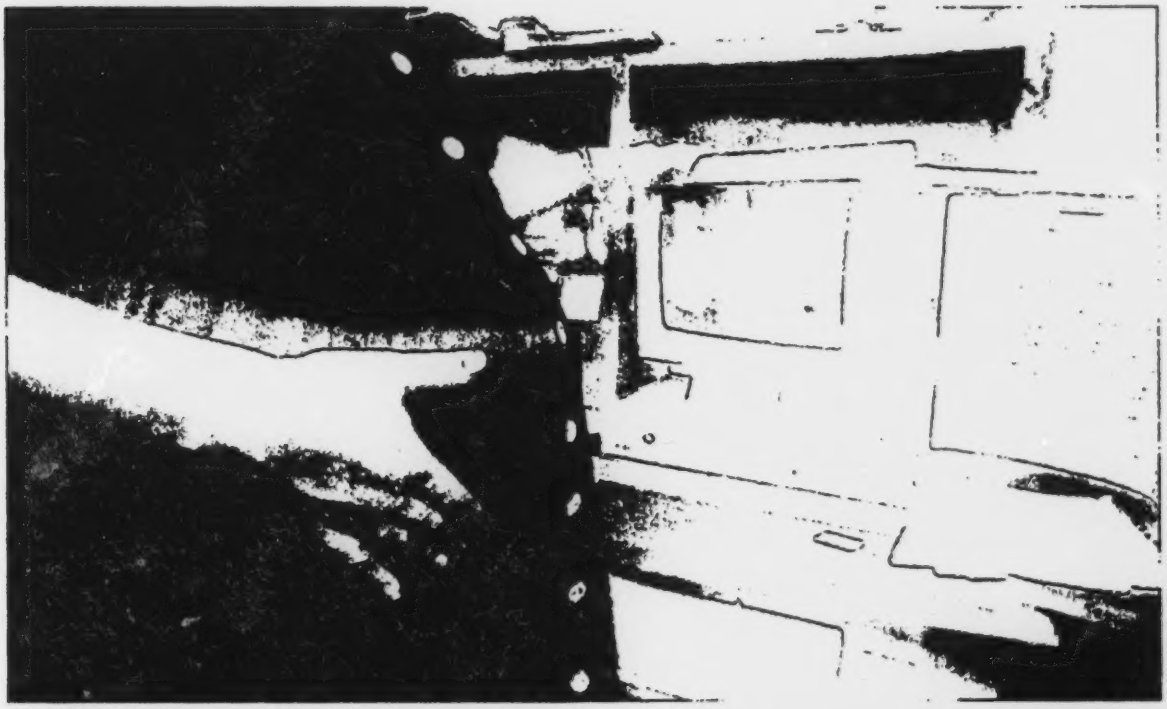
The National Partnership for Women & Families led the fight for the FMLA from conception to enactment and continues to lead efforts to make family leave more available and affordable. This article tells the story of the contemporary movement for family and medical leave. What did it take to pass the FMLA? What has it achieved? And what are the next steps for making family and medical leave policies more meaningful for today's working families?

Lauren J. Asher, M.P.A., currently director of communications and special projects at the Kaiser Family Foundation, was director of communications at the National Partnership for Women & Families from 1996 to 2000, and has worked on family and medical leave issues for nearly a decade.

Donna R. Lenhoff, J.D., is currently executive director of the National Citizens' Coalition for Nursing Home Reform.

What It Took to Pass the FMLA

The FMLA had its roots in debates over a California law mandating maternity leave for childbirth. After a federal district court in 1984 struck down that law as sex discrimination against men, Congressman Howard Berman, a Democrat from California, sought help from the National Partnership for Women & Families, then the Women's Legal Defense Fund, in framing a bill that would require employers to grant maternity leave.



Instead, the National Partnership put forward the idea of a broader leave that would not only meet the needs of new mothers, but address a wider range of work/family conflicts affecting both women and men.

To advocates for women's issues and civil rights, the existing maternity leave programs were flawed in several ways. First, there was no national policy toward maternity leave, just a thin patchwork of state and employer programs. Second, working women—and men—needed job-protected time off not only when babies were born, but also for adoption and in times of family illness. Third, a focus on maternity leave alone risked jeopardizing advances that had been won in the fight against sex discrimination (such as the Pregnancy Discrimination Act of 1978).

These arguments convinced key lawmakers and advocates that it was time to establish a national family and medical leave that was comprehensive and gender-neutral. From almost the very first draft, the FMLA was designed to include both adoption and childbirth, mothers and fathers, those caring for seriously ill family members, and those who were ill themselves. This inclusive approach recognized that babies and parents need to be together immediately after birth and that the need for caregiving does not end with infancy. Moreover, now that women have entered the workforce to stay, making time for family is everyone's business.

To build the grassroots support necessary to move a major new policy initiative, the National Partnership set out to create the broadest coalition possible. Early members of the Family and Medical Leave Coalition included feminist law professors, the Association of Junior Leagues, the Children's Defense Fund, and the League of Women Voters. Over time it grew to include the American Association of Retired Persons, Alzheimer's Association, Catholic Conference, Hadassah, United Steelworkers of America, American Academy of Pediatrics, and more than 100 other groups focused on women, children and seniors, and on issues of labor, disability, religion, and civil rights.

In their nine-year campaign, coalition members worked to make the case for family and medical leave. They cultivated relationships with unlikely allies in Congress and elsewhere, finding common ground in family values that cut across typical party lines. They testified before the House and Senate and helped secure witnesses for hear-

ings. They drafted model legislation and helped to pass state laws that primed the ground for the federal effort. They found employers who asserted that providing family and medical leave was good for business, and they found families whose stories made the issue come alive. They held press conferences, met with newspaper editors, conducted research, distributed fact sheets, and debated the issue at every opportunity. By addressing a clear need and linking so many interests, the campaign for the FMLA gained bipartisan and popular support. The breadth of the coalition helped insulate supporters from accusations of liberal extremism, economic naiveté, or hostility to family values.

Attacks on the idea of family leave were, however, unrelenting. Well-financed business interests and trade associations led the charge against the FMLA, including the Society for Human Resource Management (an organization of personnel managers), the National Federation of Independent Businesses (the small business lobby), and the U.S. Chamber of Commerce. They objected to any laws that set standards of behavior for employers, and they argued that requiring even unpaid leave would be disastrous for business. Other ideological leaders opposed any policy that, in their view, encouraged women to stray from their traditional role in the home. The steady flow of attacks on the FMLA by these groups delayed its passage for nearly a decade.

In fact, after the FMLA was first drafted in 1984, a version of the legislation was introduced in Congress every year until it became law in 1993. With growing public support and compromises that reduced the period of leave and exempted small employers, the FMLA passed both the House and the Senate in 1990 and 1991. It was vetoed, however, by President Bush, and became a key issue in the 1992 presidential campaign. Immediately after President Clinton's inauguration, the bill passed again with strong bipartisan support, and on February 5, 1993, the FMLA became the very first bill President Clinton signed into law. (See Box 1 for details on the law.)

What the FMLA Has Achieved

Since 1993, an estimated 35 million working women and men have taken leave under the FMLA. Business has not been hurt by it: A 1998 survey of businesses with 100 or more employees (all covered by the law) found that 84% reported no costs or actual cost savings as a result of their family and medical leave policies.[3] Although business opposition has not disappeared, opponents' attacks have diminished in volume and narrowed to calls for "technical corrections" affecting the application of the law.[4] The general public has embraced the FMLA as much in practice as it did in theory. A 1998 survey found that 88% of Americans who were familiar with the law viewed it favorably.[5]

Congress created the bipartisan Commission on Leave to measure the FMLA's affect on employers and employees. The Commission's extensive surveys of randomly selected workers and businesses across the country found

Box 1

Key Components of the FMLA

The FMLA allows eligible women and men to take up to 12 weeks of unpaid leave from work to:

- Care for newborn or newly adopted children;
- Care for children, parents, or spouses who have serious health conditions; or
- Recover from their own serious health condition (including pregnancy and childbirth).

To be eligible, a person must:

- Work for a private employer who has 50 or more employees (within a 75-mile radius), the federal government, or a state or local government; and
- Have worked for that employer for at least one year and at least 1,250 hours during the last 12 months (an average of 25 hours per week).

The FMLA entitles those who have taken leave under the law to return to their previous job, or to an equivalent job with the same pay, benefits, and other conditions. Employers who provide health insurance must also continue to pay their share of the health insurance premium for employees on FMLA leave.

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Box 2

Usage and Impact of the FMLA Findings of the Commission on Leave

In 1995, and again in 2000, the U.S. Department of Labor conducted national, random sample surveys asking employers and employees about their experiences with the FMLA and with family leave in general. The 2000 Survey of Establishments gathered information from a random sample of 1,839 private (nongovernment) business establishments, some covered by the FMLA and some not. The 2000 Survey of Employees interviewed a random sample of 2,558 U.S. residents who had been employed at any time since January 1, 1999. Key findings from these recent surveys include the following:

Employees need and use the FMLA.

- Approximately three million employees per year took some form of FMLA-covered leave.
- In 2000, 17% of all employees took a leave for family or medical reasons.
- About 8% of the leaves were taken for maternity leave, and 18% of leaves were taken to care for a newborn, newly adopted, or newly placed foster child.
- The median leave taken is only 10 days long, and most employers cover the leave by assigning work to other employees (98%) or hiring a temporary replacement (41%).
- About one-third of leave-takers (34%) received no pay during their leave, and almost 1 in 10 workers who took leave and did not receive full pay reported they were forced to go on public assistance.
- Fully 78% of those who needed but did not take leave said that their inability to afford unpaid leave was a reason for their decision.

The FMLA has not harmed employers.

- Nearly two-thirds of employers (64%) say that complying with the FMLA is very easy or somewhat easy.
- About 90% of covered employers said that complying with the FMLA caused no increase or just a small increase in their administrative costs.

Knowledge of the FMLA is limited.

- Although 84% of employers knew that their establishments were covered, nearly 50% of employees covered by the law did not know if they were.

Source: Cantor, D., Waldfogel, J., Kerwin, J., et al. *Balancing the needs of families and employers: Family and Medical Leave surveys, 2000 update.* Rockville, MD: Westat, 2001. Available online at http://www.dol.gov/dol/asp/public/fmla/main.htm.

that the FMLA helped working families without harming their employers. The law had its intended effect of expanding employees' access to family and medical leave. In 1994 to 1995, two-thirds of covered work sites had changed their policies to comply with the FMLA, usually by increasing the reasons that justified taking a leave.[6] Today, only one-half of work sites not covered by the law provide 12 weeks of parental leave, and only one-third offer 12 weeks of leave for all FMLA-covered reasons.[2] Key findings from the Labor Department's 2000 update of the Commission's surveys are summarized in Box 2.

Making Family and Medical Leave Work for More Americans

Although the FMLA is a major step forward in federal work/family policy, even its strongest supporters know that it is just a first step. The product of nine years of negotiations and compromises, the law covers only certain employees and employers, and it assures only an unpaid leave. These limitations do not diminish the symbolic importance or actual impact of the FMLA, but they provide a clear agenda for advocates of family and medical leave. The coalition that mobilized to support passage of the FMLA has reconvened in an effort to (1) lower the threshold of law to cover employees in mid-sized businesses, and (2) find ways to provide income to people on unpaid leave.

Cover More People

The FMLA applies only to work sites that have 50 or more employees. This excludes about one-third of the U.S. labor force, and about 45% of employees are not eligible for leave because they have not worked for their current employer for the required one year and 1,250 hours (about 25 hours per week).[2] Such eligibility criteria tend to exclude especially vulnerable groups such as low-wage workers, part-time workers, and women leaving welfare for work.

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In 1997, a National Partnership study found that expanding the FMLA to cover businesses with 25 to 49 employees would give an estimated 13 million more workers access to job-protected leave. Although such a change would cut the proportion of the private workforce not protected by the FMLA by almost one-third (from 43% to 29%), it would affect only 6% more of the nation's private businesses.[7]

There is solid evidence that such an expansion would be politically feasible and not burdensome for employers. Several states already require midsized employers to provide some form of family or medical leave, such as leave for pregnancy-related disability or to attend children's school functions. The District of Columbia, Oregon, and Vermont extended the full range of FMLA protections to workers in midsized companies.[8] Federal legislation to lower the law's coverage to firms with 25 employees has been introduced each year since 1997, and in a 1998 survey, 79% of Americans said they favored such an expansion.[5]

Anecdotal reports indicate that many small businesses pride themselves on being family-friendly and use the FMLA as a model for their own policies.[9] When they speak publicly about the bottom-line benefits of providing family and medical leave, these employers find a ready audience.[10] Even so, because influential business interests remain staunchly opposed to any attempts to expand the FMLA, a stalemate is developing. In 1993, the FMLA passed with strong bipartisan support, but the political climate in the nation's capitol today is far more polarized, and it may well be difficult to pass federal proposals to expand the FMLA.

Make Leave More Affordable

The fact remains, moreover, that the FMLA provides only unpaid leave. As a result, the law's promise is unfulfilled for the many who cannot go without a paycheck during a leave. The United States is one of the only industrialized countries that fails to provide any income during family or medical leave.[11] In both the 1995 and 2000 surveys, the U.S. Department of Labor found that

Most Americans—82% of women and 75% of men—support "extending state unemployment or disability insurance programs to cover unpaid family and medical leave."

the primary reason people do not take needed leave is that they cannot manage without pay.[3,6] In 1995, nearly 1 in 10 FMLA users who did not receive full pay was forced onto public assistance while on leave. This rate doubled to one in five users with annual family incomes below $20,000. Concerned by these findings, the Commission on Leave called for consideration of a "uniform system of wage replacement during periods of family and medical leave."[6]

Early discussions about the FMLA addressed the possibility of providing some pay during leave. However, supporters believed that establishing a broad right to job-protected leave was an essential first step. Now, with the right to leave itself firmly established, advocates have returned to the issue of affordability. In 1999, the National Partnership launched The Campaign for Family Leave Benefits to coordinate the developing movement to make family leave more affordable by organizing state coalitions, reviewing model legislation, and providing up-to-date information about the latest research and policy developments.

Momentum for paid leave is building on several fronts. At the grassroots level, as of early 2001, legislatures in 19 states had looked at the problem of unpaid leave. Five states—California, Connecticut, Illinois, New Hampshire, and New York—have conducted studies (some are ongoing) to help them decide whether, when, and how to establish family leave benefits.

Lawmakers and advocates in such states as Indiana, Maryland, Massachusetts, New Jersey, and New Mexico are looking at the option of letting people collect unemployment insurance while on unpaid family and medical leave. This approach would minimize employer costs by spreading them across the entire workforce and would minimize administrative costs by relying on the existing unemployment insurance system. Massachusetts economists estimate that this approach would cost approximately $10.81 per covered employee per year.[12] In 2000, the U.S. Department of Labor adopted a regulation encouraging states to provide unemployment benefits to working parents who take leave to care for newborns or newly adopted children.

Another approach would provide a family leave benefit through state disability insurance programs. California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico have statewide temporary disability insurance programs that already provide short-term, partial wages for employees with disabilities that are not work-related, including pregnancy. Proposals in California, New Jersey, and New York would expand these programs to cover leaves taken by fathers, adoptive parents, and those caring for seriously ill family members.

Policymaker interest in providing a family leave benefit is fueled by a consistently high level of public support for paid leave. A 1998 survey found that most Americans—82% of women and 75% of men—support "extending state unemployment or disability insurance programs to cover unpaid family and medical leave."[5] More recent surveys have echoed these findings.[13,14]

Given this support, leaders of the movement for family leave benefits are optimistic about bringing state and federal policies into closer alignment with the needs of working families, even if it takes a long time.

Conclusion

At a time when new research on early childhood development has heightened interest in helping parents spend time with new babies, the FMLA provides a foundation for new types of discussions among parents, employers, and policymakers. The law is significant for new parents, yet its widespread appeal comes from the range of caregiving needs it covers, including personal illness and care for aging parents. In 1998, one-half of all Americans—and two-thirds of those under age 45—expected to need family or medical leave in the next 10 years.[6] This is not surprising given the growing interest in child development, the aging of the population, and a changing health care system that places more caregiving burdens on family members. Such a large and diverse constituency can only strengthen public support to help working families care for infants and seriously ill children.

ENDNOTES

1. The authors were formerly with the National Partnership for Women & Families, respectively as Vice President/General Counsel and Communications Director. They were responsible for the development and early implementation of the Family Leave Benefits Campaign.
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Child Care Within the Family

Caroline Zinsser

Who cares for the nation's infants and toddlers? For one of every two children under age three whose mother works, the face of the caregiver belongs to a family member—a parent or a relative. This pattern has held steady for decades, despite dramatic changes in families and child care options. Mothers (and grandmothers) have increasingly entered the labor force, divorce and single parenthood have restructured families, and young parents are likely to live at a distance from their own parents. A growing number of child care centers now serve infants and toddlers, advertising the educational opportunities they offer to the very young. Even so, children under age three are less likely to spend their days in a center than they are to be with a relative, such as a grandmother or an aunt.[1]

Controversy has come to surround this traditional form of care, however, as the child care profession has matured. The care that relatives provide is often disparaged as nothing more than "baby-sitting." Because many relative caregivers lack child care training, are invisible to state authorities, and work for little or no compensation, their work is seen by some child care advocates as threatening the drive toward professionalism in the child care field. These criticisms have sharpened in recent years, as public child care subsidies have increasingly been used to reimburse relatives, whereas before the 1990s, public subsidies were often reserved for care provided in formal child care settings that were licensed by authorities. Although there are those who view public support of relative care as an undesirable trend,[2] others stress its value to families who find this form of care best suited to their needs.

Despite differing opinions about these policy issues, however, most observers agree that much remains to be learned about the child care that occurs within families.[3,4] This article briefly describes an ethnographic study of unregulated child care in a working class community in the Northeast (dubbed East Urban).[5] As described in Boxes 1 and 2, this study documented the child care choices and experiences of working families in East Urban, many of whom trusted and preferred care by relatives to other child care options. The study concluded by discussing what it means to respect parental choices, judgments, and values concerning child care—even when these choices differ from those that professionals might make. This article builds on the study's insights by describing current thinking about how to judge and strengthen the quality of the care that relatives offer to children.

Caroline Zinsser, Ph.D., is an anthropologist and social historian who writes on the subject of children and families. She lives in New York City.

A national survey conducted in 1997 found that relatives cared for 27% of children under age three whose mothers were employed, whereas parents themselves retained the care of another 27%.

Who Relies on Relative Care?

In the eyes of the working class families in the East Urban study, a willing maternal grandmother would be the ideal caregiver for infants and toddlers. A mother would trust her own mother, as she would trust no one else, to take good care of her baby. Grandmothers and other close relatives were assumed to be bound to the best interests of the child by deeply emotional and lifelong love. Relatives were relied upon as repositories of family values, traditions, and sometimes language. Relative care might also bring the advantages of convenient location, flexible hours, and low cost. More important, in this community at least, trust in a relative counted far more than the child care credentials of any stranger.[5]

Although relative care is somewhat more commonly used by families who are of color and are poor, it is relied on by parents of all income levels and ethnicities.

As mentioned above, a national survey conducted in 1997 found that relatives cared for 27% of children under age three whose mothers were employed, whereas parents themselves retained the care of another 27%. The steady proportion of families who rely on relatives for child care reflects the continued strength of traditional support systems, even in a rapidly changing society. Contrary to expectations, demographers have found that intergenerational ties not only remain intact, but are in some respects growing stronger.[6] Although families in older ethnic neighborhoods have scattered to the suburbs, new immigrant-extended families have taken their place. Strong family ties are reflected in patterns of child care use, and while the percentage of children under age six in child care centers tripled during the 30 years from 1965 to 1994, the portion of children who spent their days in the home of a relative scarcely changed at all.[7]

Box 1

Undertaking an Ethnographic Study of Caregiving

A little more than 10 years ago, while working for an agency dedicated to improving the quality of child care through public policy, I undertook a study of unregulated care in a working class community in a small city in the Northeast that I called "East Urban." By studying one community, I hoped to explore what we at the time called "the underground," those unlicensed child care arrangements about which researchers knew the least.

Because I had just completed a survey of the abysmally low day-care staff wages in New York State, I was well aware of the long and hard-fought battle of child care workers to be recognized as professionals deserving decent salaries, and their view that "baby-sitters" without specialized training, working "off the books" at low rates, undermined these efforts.

My assumption, on initiating the study, was that all such unregulated care was of low quality and used as a last resort by desperate parents who were unable to afford or to find the more desirable licensed care by trained professionals. Because my research method was ethnographic, however, I tried to suspend my biases and to instead learn from what the community itself had to say.

I talked to many people in East Urban about child care, not only parents and providers, but bus drivers, shopkeepers, schoolteachers, ministers, families who had recently arrived as immigrants, families living in housing projects, and families who still lived in the same tenements in which they were born. Some of these discussions were casual as I made my way about town; but others were longer, prearranged sessions with people telling me the stories of their lives, often as we sat at kitchen tables lingering over cups of coffee.

In these stories, the care of children was intertwined with the demands of employment that was too often low wage, lacking benefits, subject to seasonal layoffs, and hard to come by. Such employment was resented as an economic necessity that forced women out of their homes and away from their families. Within this context, most parents and the community as a whole were in agreement that child care within the family circle, particularly from relatives on the maternal side, was the best solution to the inevitable conflict between women's employment and their family obligations.

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The fact that public funds now flow to unlicensed caregivers has raised questions about the use of public funds for care of unknown quality.

Relative Care as a Policy Issue

The fact that the child care provided by relatives has become a legislative and public policy issue is, however, a shift. The change came with the advent of welfare reform, when several federal child care funding streams for low-income families were combined to create the Child Care and Development Fund. That funding stream allows parents to use subsidy vouchers to pay for a wide range of child care options, including relative care and other forms of care that are legal but not regulated by state authorities.[8] As previously noted, some feared that the use of vouchers would drive up the use of care that is not required to meet quality or regulatory standards, at the expense of regulated child care settings. However, a recent report on how 13 states have implemented child care subsidy policies since welfare reform found that, over a three-year period, the proportion of subsidies that go to relative caregivers increased in five states, decreased in five states, and remained stable in three other states.[9] In other words, no dramatic shift has occurred.

Nevertheless, the fact that public funds now flow to unlicensed caregivers has raised questions about the use of public funds for care of unknown quality. It has also fueled debates about the feasibility of extending child care regulations to cover this segment of the child care universe. As a result, researchers are studying the quality of relative care, and both policymakers and professionals are searching for the means to improve it.

Judging the Quality of Care

According to recent studies, the quality of relative care does not differ substantially from that of other forms of care, whether it is regulated or not. As judged by standardized research measures, relative care varies widely in quality (as do other forms of child care), with most children in arrangements that are less than what researchers would call optimum. In a 1994 study of family and relative child care (including family child care businesses), only 9% of home-based care was rated as more than "adequate."[10] A 1995 study of child care centers revealed

Box 2

In Their Own Words: Excerpts from *Raised in East Urban*

Tommy, engaged to be married: My particular group that I come from are very conservative—"yuppified" Italians, if you want to look at it that way—who still believe in the family. If it was good enough for Grandma and good for Mama, it's good enough for me. I believe that if the child grows up like me and my mother and my mother's mother and my father's father, they're going to be good no matter what. I grew up okay, they'll grow up okay. The child has the same potential I had under the same system.

I would rather spend the same amount of money with relatives than with the day care system. I can trust them. I can sleep easier knowing the child is with a relative than with strangers. . . . It's just that we do everything within the family unit. We're heavily family-oriented. Our whole life is around the family. In America, people don't really have that. It's nothing for an American child to grow up and move to California while their family is in East Urban. For us, it's a travesty. You have to be near your family. Holidays—everything—is around the family. There's no such thing as going out with your wife on New Year's for dinner alone. It has to be with ten thousand people.

Tina, mother of two: I had heard of day cares, but I never took an interest in them, and I guess I always thought that I'd have my mother and father with me to watch the kids. I would hear a lot from women at work about their kids in day cares. I'd see them in the morning, rushing in, saying, "Oh, by the time I dropped my kids off. . . ." and, "I had trouble with the day care." And I said, "I hope I don't have to do that. I hope I always have my mother and father to watch the kids."

Source: Zinsser, C. *Raised in East Urban: Child care in a working class community.* New York: Teachers College Press, 1991, quotes on pp. 33–34, 41.

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In searching for better ways to reach relative providers, states and localities are now trying new strategies that are based on models of family support rather than professional career building.

an equally discouraging result: Only 8% of centers caring for infants were rated as "good" or "excellent."[11] Based on indicators of quality, comparisons between center-based and home-based care reveal uneven profiles of quality with strengths and weaknesses on both sides.[12]

Of course, researchers who rank child care settings according to standardized measures recognize the difficulties of comparing care by grandmothers at home to care by professionals in centers. Child care quality measures include program features such as activities, materials, schedules, and procedures, as well as conversations and interactions between children and caregivers. Such measures do not work as well in the home of a grandmother caring for two toddlers as they work in a center setting. Comparisons based on aggregated figures can mask the delicate adjustments between individual children, parents, and providers that are so necessary to children's optimum development. Moreover, structured observations do not capture the full extent of the bond between the relative caregiver and the child—a bond that is broader and more long lasting than the child care arrangement they share.

It is the affective qualities of relative care that distinguish it from other nonfamily child care arrangements and link it more closely to parental care than to professional care. Recognizing this, experts have proposed that different child care arrangements be viewed as a continuum or spectrum that extends from parental care at one end; through "informal" care by relatives, friends, neighbors; to licensed family child care providers; and to professional, center-based care at the other end.[13] By substituting horizontal gradations for a hierarchical ladder with professional care at the top and "informal care" at the bottom, policymakers can treat each form of care as an appropriate choice for parents to make, as long as the care is of good quality and suitable to family circumstances. The spectrum view also encourages those who are working to improve the quality of child care to focus separately on each segment of the spectrum, judging each on its own terms and acting accordingly, rather than trying to apply uniform standards of professionalism that are often more suited to centers than to family and relative child care.

Supporting the Quality of Care

What does it mean to tailor quality-improvement efforts to suit the interests and needs of relatives who are caring for children? A comprehensive scan of research findings[14] reveals that although relative care providers have "a great thirst" for information about children's development, they often do not seek the training that is provided by professionals, nor the training required by the

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authorities who license child care providers. Even quality-improvement projects that offer resources and training in hopes of encouraging relatives to become licensed child care providers have, to date, attracted few takers.

In searching for better ways to reach relative providers, states and localities are now trying new strategies that are based on models of family support rather than professional career building. Some of the most promising strategies are communitywide efforts to boost the quali-

ty of all forms of child care, including relative care. They may, for instance, offer providers free safety kits and fire extinguishers or lend equipment, such as a crib, slide, water table, or tricycle. Other successful efforts have been organized in response to surveys of caregivers who are "license-exempt." The surveys indicate that about three in four are interested in get togethers or support groups, where they could learn more about child care by talking with each other.[14] Working within a context of family support and parent involvement, such community-based resource centers respect parent preferences and recognize the strengths of child care arrangements that are based on the enduring bonds between family members—the affection, nurture, identification, instruction, reciprocity, and mutual dependency that characterize relative care at its best.

Relative care, like other forms of child care, continues to pose challenges for policymakers concerned with protecting children's welfare. But when it is regarded as a valid extension of parent care, rather than as a deficient sector of the professional field, child care within the family can be seen for what it is: a valuable and much-needed complement to other types of care.

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The Military Child Care Connection

M.-A. Lucas

Every day the U.S. Department of Defense (DoD) uses 297,451 diapers; prepares 594,902 servings of "liquid baby rations"; issues purchase orders for cribs, strollers, and rocking chairs; and sings thousands of lullaby "cadences."[1] It was not always that way. The profile of the U.S. Armed Forces has changed from that of single members living in barracks, to one of a diverse volunteer workforce with growing numbers of female service members, working spouses, and sole and dual military parents.[2] Child care has become a workforce issue vital to U.S. Army, Navy, Air Force, and Marine families and to the military mission.

The military child care program is truly a Cinderella story. At one time, it was known as the "ghetto of American child care" with unsafe and unsuitable facilities, weak standards that were sporadically enforced, staff who were poorly trained and compensated with turnover rates at some centers as high as 300%, and a general lack of oversight and attention from military officials.[3] In the past dozen years, however, military child care has achieved a remarkable turnaround. Today it is acclaimed as a model for the nation,[4–6] and described as the "gold standard for child care."[7] Fully 50% of the children in military child care programs are under age three, and this article describes the military's approach to providing flexible, high-quality, affordable infant and toddler child care.

M.-A. Lucas, M.Ed., is the founding director of the U.S. Army Child and Youth Services, U.S. Army Community and Family Support Center, in Alexandria, VA.

An Example of Employer-Sponsored Care

Before launching the largest employer-sponsored child care program in the country, the military services looked primarily to the private sector to meet the child care needs of their personnel. Those needs are special, however. Military work schedules require early morning and irregular duty hours, field exercises, and extended periods away from home. Families move every few years and must reestablish routines and child care arrangements with every new assignment. Service members posted overseas face language problems, and often their host nations lack child care services. In some instances they are in hostile environments. Few can depend on care by relatives. Even in the United States, the hours offered by off-post, civilian child care programs are too limited to help military families counter the instability in their work lives and bridge the distance separating them from relatives. Infant and toddler child care is difficult to find and expensive, and programs seldom admit children under six months of age. Moreover, the quality of care varies greatly in the communities surrounding military

bases because child care licensing standards differ from state to state. This variability leaves military families unsure of the child care conditions they will find as they move from post to post.

In the wake of concerns over widely publicized child abuse scandals, congressional hearings culminated in the Military Child Care Act of 1989, which made far-reaching recommendations for improving the care provided by the military services. The DoD responded by creating a system of child care options, oversight to maintain standards and safety, training and improved wages for staff, accreditation to improve quality, and cost sharing to improve affordability. The comprehensive child care system that resulted now extends safe, high-quality care each day to more than 170,000 children from birth through age 12, at 300 locations around the world.[8]

Developing a Seamless Child Care System

The children in military families are served through a delivery system that includes child development centers, networks of family child care homes operated in government housing units and off base, and programs for school-age children. Many military bases also have outreach programs that provide on-site care during special functions, sponsor playgroups, and refer families to accredited child care programs in the civilian community. This delivery system is seamless, meaning there is a single point of entry to access care. Parents find care through a resource and referral office that manages waiting lists for all the types of care and projects future demand by families anticipating a move or a new baby.

Military child care programs offer services on different schedules as well. Full-day care is provided for working and student parents; part-day care is available for those with shift work or part-time schedules; and hourly care can be used during official functions, medical appointments, while preparing to move, or while parents are volunteering on the base. Occasional care offers respite to parents under stress, at social functions, on errands, as well as at a "parent's night out." Extended hours, around-the-clock, and long-term care options offer critical support to parents who must leave home to meet the military mission—nearby or far away.

Assuring Quality in Military Child Care Programs

The military is serious about its obligation toward the children in its care, and careful attention is paid to managing risk and assuring quality—especially in settings that serve infants and toddlers. This includes protecting children from physical and emotional harm, preventing false child abuse allegations against staff, and minimizing exposure to disease and unsafe conditions. It also encompasses a concerted effort to raise the quality of care to meet or exceed the standards of quality endorsed by nationally recognized professional organizations.

All military child development programs must be certified by DoD each year. DoD certification is the military equivalent of state licensing, and it represents verified compliance with specific standards regarding fire, health, safety, developmental programming, child abuse prevention, funding, and staff training. Four unannounced inspections are made each year—one by a multidisciplinary team that includes an early childhood professional, and one by a child care/technical specialist(s) from military headquarters. Enforcement is done under a "fix, waive, or close" policy. When the inspections first started, it was not unusual for child care facilities and programs to be partially or completely closed—temporarily or permanently. Now, that seldom occurs. Technical staff who work on the installation, such as the fire marshal, safety officer, and heath professionals, cooperate with the child care staff to achieve certification; and they share in the sense of pride when the certification process is successfully completed.

As employers, the military services share the cost of child care with parents. Care is subsidized for all parents on a sliding scale, and they pay on average about 50% of the cost of care.

Beyond compliance with health and safety standards, a key indicator of child care quality is accreditation by an outside agency. As of May 2001, more than 98% of military child development centers had been accredited by the National Association for the Education of Young Children (NAEYC). In contrast, less than 10% of child care centers in the United States have attained this level of recognized quality.[9] Increasing the availability of military child care is crucial, but that goal is not pursued at the expense of quality. Currently, the military services provide child care sufficient to meet 63% of the demand, with a goal of meeting 80% of the need within five years.[8]

Funding Military Child Care Programs

Affordability is of concern to both parents and funding agencies—in this case the military services. The average cost to parents is $74 per week (including infant care and two vacation weeks), which is significantly less than private sector fees for comparable services.[8]

As employers, the military services share the cost of child care with parents. Care is subsidized for all parents on a sliding scale, and they pay on average about 50% of the cost of care. Depending on family income, fees range from $40 to $114 per week—regardless of the age of the child in care.[10] In civilian child care programs, parents often pay twice as much for infant care as for preschool or school-age care. In some services, programs are authorized to offer a multiple-child discount of up to 20%, and some also reduce fees for parents who volunteer in the child care program. An October 1999 report by the General Accounting Office found that the total cost per hour of child care (including military subsidies) is similar to costs in civilian centers of equally high quality, taking account of the number of infants and toddlers served.[11]

Like most civilian-sector child care programs, military child care is labor-intensive, which means that staff salaries are the greatest expense in program budgets. Military child care programs have "broken the link" between staff salaries and parent fees, however, by raising compensation for those who work with children without driving up fees beyond the ability of parents to pay. Employees receive competitive salaries with benefits, and many family child care providers receive subsidies to offset the revenue they lose by charging the lower fees set by the military system. Funds from the military services budget make up the difference between revenue gained from parent fees and actual program costs.[12]

Military Child Care Services for Infants and Toddlers

As noted earlier, one-half of the children in military child care programs are under age three, and much of the remaining unmet need is for infant and toddler care. Military child development centers provide infant care beginning at 6 weeks of age for up to 12 hours each weekday. Newborn care in centers is authorized under controlled circumstances. After the newborn stage, children are with primary caregivers using specific adult-to-child ratios for each age served, that is, infants from 6 weeks to 12 months of age, pre-toddlers from 12 to 24 months of age, and toddlers from 24 months to 3 years of age.[13] Center fees include up to one hour of care before and after the service members' official duty day to give parents ample time to pick up and drop off their children.

The military services have extensively renovated or constructed new center facilities to provide safe, flexible, and easily maintainable infant/toddler environments. Designs incorporate a series of classroom modules and adjacent playgrounds for different age groups, with space for administrative functions, such as a kitchen, offices, a registration area, and storage. All are accessible to the disabled and have bathrooms within each room. Military child development center designs comply with nationally recognized building codes and with the National Fire Life Safety Code or its equivalent.[14]

Military family child care homes are allowed to care for infants beginning at four weeks of age, and some special newborn homes accept babies from birth. Most family child care homes are open 10 to 12 hours per day; many provide early morning, evening, and weekend hours to accommodate shift work and military training exercises. Designated family child care homes provide the overnight

Box 1

Military Child Care as a Model

"The military's success in improving child care for its families over the past decade offers lessons for making civilian day care more available and affordable. Policymakers need to make the same investment in providing quality child care and affordable child care to working families who aren't in the military."

— Judith Appelbaum, vice president, National Women's Law Center

Lesson 1: Do not be daunted by the task. It is possible to take a woefully inadequate child care system and dramatically improve it.

- The military consciously built a system that links centers, family child care homes, school-age programs, and resource and referral services.

Lesson 2: Recognize and acknowledge the seriousness of the child care problem and the consequences of inaction for both workforce performance and child well-being.

Lesson 3: Improve child care quality by establishing and enforcing comprehensive standards, assisting providers to become accredited, and enhancing provider compensation and training.

- Military oversight includes four unannounced visits per year; 95% of military centers are accredited (98% as of May 2001), and the $8 per hour paid to an entry-level worker in military child care exceeds the $7.50 average wage received by all civilian child care workers.

Lesson 4: Keep parent fees affordable through subsidies for families who cannot pay the full cost of good child care.

- Sliding fee scales make child care accessible even to those with the lowest incomes, and military subsidies keep parent fees 25% below those paid by civilian families for equivalent care.

Lesson 5: Expand the availability of all kinds of care by continually assessing unmet need and taking steps to address it.

- The military currently meets 58% of the child care needs of its personnel (63% as of May 2001), and plans are in place to reach 80% coverage by 2005.

Lesson 6: Commit the resources necessary to get the job done; increased funding for child care will pay for itself in the stability of the workforce and the healthy development of children.

- Military services funding devoted to child care rose from about $90 million in the late 1980s, to $352 million in 2000.

Source: Campbell, N.D., Appelbaum, J.C., Martinson, K., and Martin, E. *Be all that we can be: Lessons from the military for improving our nation's child care system.* Washington, DC: National Women's Law Center, April 2000.

and long-term care needed by single service members and dual military couples when their units/ships/flight crews are deployed.

The military services have instituted specific practices targeted to infants and toddlers that ensure that the youngest children receive care that nurtures and promotes their development.[15] Policies define staff-to-child ratios and maximum group sizes; prohibit infants from being confined in cribs when they are awake; and restrict bottle propping and the use of high chairs, walkers, playpens, and television. Cribs do not stand in separate crib rooms but in activity areas for maximum visibility and easy interactions. Primary caregivers are assigned to all children, and infants are allowed to follow their own sleep and feeding schedules.

Service and DoD management policies are designed to minimize the risk of accidents and abuse to infants and toddlers in its child care programs. For instance, training all staff in first aid, CPR and sudden infant death syndrome (SIDS) prevention. Criminal history background checks are completed for all employees, family child care providers, and their family members over age twelve. Video surveillance cameras, a policy of rotating staff caregiving responsibilities for diapering and toileting, and restrictions on "outsider" access to infants, all reduce the risk of abuse or neglect by any single individual. Staff are trained on appropriate and inappropriate touching, how to identify and report child abuse, and how to prevent the occurrence of abuse in center and family child care settings. Concerns about the health, safety, or well-being of children in child care programs can be reported on a dedicated DoD 24-hour toll-free hotline.[13,15]

Finally, military child care programs are offered as a supplement to the family, not a substitute for the parents' role

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as the agents for the care and development of the child. To reduce the conflict between parental responsibilities and military mission requirements, military child care programs not only have extended operating hours, they also offer parents daily information about the child's experiences, provide designated areas for nursing mothers, and include parents on inspection teams and advisory councils. Attention has also gone to the New Parent Support program, which offers parenting and infant care classes, parent support groups, home visits, and crisis intervention.[16]

A Model for National Child Care Reform

The transformation of military child care from a disgrace to a national model came about by focusing attention and resources on three cornerstones: quality, affordability, and availability—each documented in measurable outcomes. Nothing is more remarkable about the military system than the care it offers to infants and toddlers. Infant care is notoriously scarce and expensive, and it is a challenge to provide it in a way that meets professional standards of quality. Even so, the military system provides infant care that receives high marks for quality, affordability, and availability.

The National Women's Law Center report, *Be All That We Can Be: Lessons from the Military for Improving Our Nation's Child Care System,* issued in April 2000,[17,18] summarizes the military's journey to excellence by describing the earlier deficiencies in military child care and detailing the specific steps the military used to turn its system around. The report argues that the military's experience can be applied to improve civilian child care, concluding, "If the U.S. military can do an about face and dramatically improve its child care system in a relatively short period of time, there is great hope for improving child care across the United States. The lessons learned from this example should be applied to expand access to high-quality, affordable child care for everyone." (See Box 1.) If this happens, the Cinderella story of military child care will come true for all of America's infants and children. No longer will it be accurate to say that "The best chance a family has to be guaranteed affordable and high-quality (child) care in this country is to join the military."[5]

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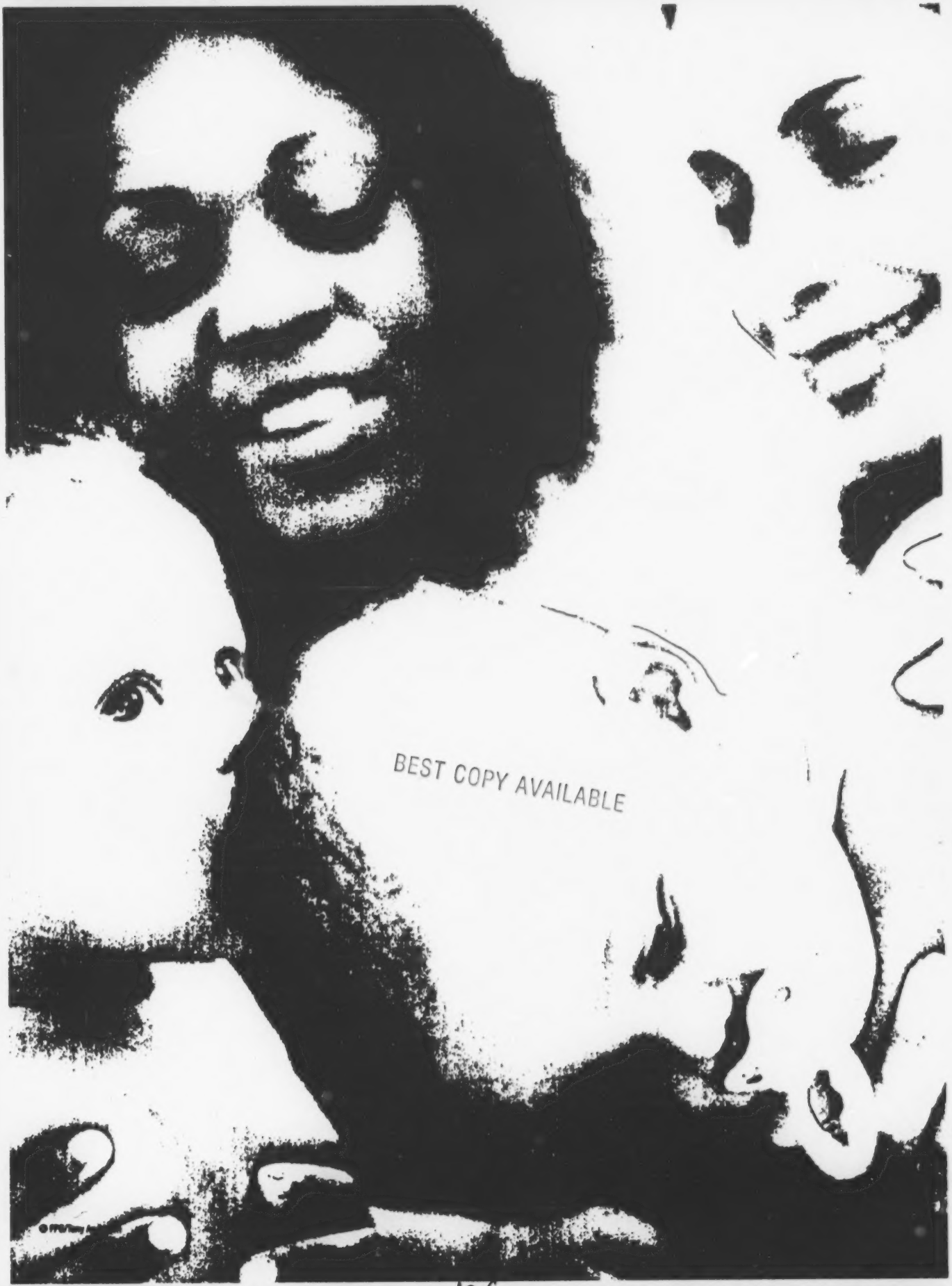

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Early Head Start for Low-Income Families with Infants and Toddlers

Emily Fenichel
Tammy L. Mann

In January 2001, the Commissioner's Office of Research and Evaluation and the Head Start Bureau released the first program impact findings from a rigorous national evaluation of the Early Head Start (EHS) program—an initiative that serves low-income expectant parents and families with infants and toddlers.[1] The program provides high-quality child and family development services, a focus on staff development, and a commitment to community partnerships. The evaluation's analysis of child and family outcomes, covering the first two years of the lives of 3,000 children who participated in 17 of the first-funded EHS sites, found a pattern of consistent positive impacts on child and family functioning.

Specifically, the evaluators found that when two-year-old children who had experienced a year or more of program services were compared with a randomly assigned control group, the EHS children performed significantly better on measures of cognitive, language, and social-emotional development. The EHS parents scored significantly higher than control group parents did on many measures of the home environment, parenting behavior, and knowledge of infant/toddler development. The EHS families were also more likely to attend school or job training, and their levels of parenting stress and family conflict declined.[1] These domains of child and family functioning are known to be associated with later child outcomes that include social abilities, literacy, and school readiness. Future reports from the EHS evaluation will provide considerable additional detail, for instance, about how different subgroups of low-income families and children fare. The evidence in this first report, however, carries significant weight.

The evaluators found that strong program implementation contributed to positive program impacts. The EHS programs that scored high on key elements of Head Start's "Program Performance Standards" early on (described in detail in this article) had stronger impacts on the use of services by enrolled families than did other EHS programs. They also showed more significant pos-

Emily Fenichel, M.S.W., is associate director of ZERO TO THREE: National Center for Infants, Toddlers, and Families in Washington, DC.

Tammy L. Mann, Ph.D., is director of the Early Head Start National Resource Center @ ZERO TO THREE in Washington, DC.

The program has grown rapidly, in successive cohorts or "waves," from 68 programs in 1995, to 635 programs in 2001 that serve some 45,000 children.

itive impacts on children's development and parenting behaviors. Although other differences among programs and communities may have contributed to these findings, it appears that the full implementation of Head Start's Program Performance Standards plays an important role in producing the desired outcomes.[1] This evidence of the importance of program implementation echoes a recommendation made by the Committee on Integrating the Science of Early Childhood Development that "much greater attention be paid to the challenges of program implementation . . . as an integral component of all early childhood evaluation research."[2] Attention to implementation is also critical to the practitioners and policymakers who are responsible for EHS.

As this report briefly reviews EHS's short history and describes the program's key components, it focuses on the initiative's vision of quality, which includes flexibility in the service of individual and community needs. That vision is reflected in the performance standards that guide program operations and in the federal government's approach to monitoring local grantee operations. Realization of the vision appears to contribute to the benefits reaped by the children and families who participated in well-implemented EHS programs.

What Is Early Head Start?

Early Head Start is one of the federal government's most visible investments in low-income families with infants and toddlers. Its mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning in families with infants and toddlers whose incomes are below federal poverty guidelines.[3] Congress created EHS when it reauthorized the Head Start Act in 1994, stipulating that EHS should receive a set portion of the annual appropriation for Head Start (which serves preschool children). The program has grown rapidly, in successive cohorts or "waves," from 68 programs in 1995, to 635 programs in 2001 that serve some 45,000 children.[4] Initially, 4% of Head Start funding went to EHS; pending the outcome of the national evaluation, EHS is scheduled to receive 10% of the Head Start appropriation in 2002 and 2003. The FY 2001 EHS budget is approximately $558 million.

The legislation creating EHS built on recommendations made by the Advisory Committee on Services for Families with Infants and Toddlers in 1994.[5] (See Box 1 for a summary of the Committee's vision for Early Head Start.) The committee identified four cornerstones of program quality: child development, family development, community building, and staff development. Along with program design and management and continuous improvement, these cornerstones became key elements in the design and operation of the EHS program. There are four program options through which EHS services are delivered: center-based, home-based, combination of

Box 1

The Early Head Start Vision

To help design the new initiative in 1994, the Secretary of Health and Human Services formed the Advisory Committee on Services for Families with Infants and Toddlers. The committee articulated its vision as follows:

"All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children. This recognition is guiding the design of the new Early Head Start Program."

The committee also identified four cornerstones of program quality:

1. *Child development*, providing individualized support that honors the unique characteristics and pace of infant/toddler physical, social, emotional, cognitive, and language development, including early education and health care;
2. *Family development*, using individualized family development plans that attend to parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency;
3. *Community building*, enhancing child care quality, community collaboration, and the integration of culturally responsive services and supports for families with infants and toddlers; and
4. *Staff development*, needing well-trained and well-supported staff, so that the program quality is not compromised from the outset.

Source: Advisory Committee on Services for Families with Infants and Toddlers. *Statement of the Advisory Committee on Services for Families with Infants and Toddlers.* Washington, DC: Department of Health and Human Services, September 1994, p. 1.

center and home-based, and locally designed options. To meet the diverse and changing needs of families, the programs may utilize multiple options.

The EHS programs are administered by the Head Start Bureau, the regional offices of the Administration for Children and Families, and the American Indian/Alaska Native Programs Branch.[4] The Head Start Bureau sets directions for the program, makes grants to operate the programs, and supports technical assistance and evaluation activities for EHS as a whole. Regional offices administer the grants, monitor progress, conduct site visits, and offer ongoing support to programs. At the local level, the EHS programs are operated by public and private agencies, including current Head Start grantees, child care programs, schools, government agencies, tribal authorities, and community action agencies.

A Framework for Quality

As a federal initiative, Head Start programs (including EHS) are held to high standards of quality and accountability. In 1996, the Head Start Program Performance Standards that guided the design and operation of all Head Start programs were revised to offer a comprehensive set of standards for services to children from birth to age five, pregnant women, and their families.[5] These revised standards define the scope of services that programs must offer to children and families, and they offer information and guidance related to each standard. However, they do not prescribe how the services must be carried out. Rather, they encourage thoughtful creativity by grantees to identify ways of meeting the needs of children and families in their local communities. The story of how individual programs, federal monitors, and the larger EHS community work to achieve and maintain high quality, accountability, and flexibility offers important lessons for others involved in comprehensive initiatives to support early development.

Head Start Program Performance Standards

The Program Performance Standards provide specific quality benchmarks for EHS services, covering early childhood development and health services, family and community partnerships, and program design and management. Although the Advisory Committee's 1994 "four-cornerstone" characterization of EHS implies that emphasis should fall equally on the domains of child, family, staff, and community development, the 1996 revised Program Performance Standards make it clear that child development is the primary focus of Head

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Start and Early Head Start:[7] "Head Start and Early Head Start are comprehensive child development programs. . . . They are child-focused programs and have the overall goal of increasing the social competence of young children in low-income families." Family, staff, and community development are viewed as supporting the program's core ability to deliver high-quality child development services.

Child Development and Health Services

The Program Performance Standards in this category define the scope of educational experiences, health, and other services that children from birth to age five are to receive when they participate in Head Start. Two standards have particular importance to infants and toddlers. The first is that program approaches should acknowledge the central role that relationships with caregivers and teachers play in promoting infant and toddler development. Programs are to give children a limited number of consistent teachers over an extended period of time, encourage responsiveness to infants' individual cues and developmental changes, and offer daily opportunities for each child to be with others and express himself or herself freely. The second standard that is especially relevant to children under age three states that within 45 days after a child enters the program, and in collaboration with each child's parent, programs will use screening procedures to identify any developmental concerns (considering sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills). These screening procedures should be appropriate to the child's age and language. A regular schedule of on-site consultation visits by a mental health professional should support parent and staff efforts to address children's needs in a timely manner.

Family and Community Partnerships

The Program Performance Standards state that families are to be involved in every aspect of EHS and Head Start programs, and that they should receive additional services, such as adult education and employment training. Programs should work with families to set goals for themselves and their children and should ensure families' access to community services and resources. The EHS programs use community partnerships as a primary vehicle for increasing families' access to good-quality child care, prenatal services, maternal and child health care, housing, and employment.[8] (See Box 2 for a brief description of the evolving links between EHS and child care programs.)

Program Design and Management

The Program Performance Standards also focus on the operational demands that underlie program quality. For example, they require that for any group of children

Box 2

Early Head Start and Child Care

As welfare reform has pressed more and more low-income women into work and job training, child care has become an urgent need for families participating in Early Head Start. An evaluation in 17 program sites found that, in 1999, nearly half (45%) of the parents of participating children were working or in training; 30% of the children under age three were enrolled in child care provided in Early Head Start centers; 32% used child care in the community; and 38% used *no* child care.

Because EHS programs are responsible for ensuring that even the children in community child care programs receive care that meets the high level of quality set in the performance standards, they have launched an array of innovative efforts to raise the quality of child care communitywide.

For example, the Region 7 Office of the Department of Health and Human Services works closely with state administrators and EHS programs in Kansas and Missouri, which have begun state-funded EHS/child care partnerships. These partnerships have focused on professional development for both child care and EHS staff. More recently, a number of states have adopted the Head Start Performance Standards and are beginning to use Head Start monitoring tools (the PRISM) to assess quality in collaborative efforts and institute targeted quality improvement efforts where needed.

Source: Raikes, H., Kisker, E., Paulsell, D., and Love, J. Early Head Start National Research and Evaluation project: Meeting the child care needs of families. *National Head Start Bulletin*, U.S. Department of Health and Human Services (October 2000) 69:7–10.

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The EHS programs use community partnerships as a primary vehicle for increasing families' access to good-quality child care, prenatal services, maternal and child health care, housing, and employment.

under age three, the staff-child ratio must be 1:4 with a maximum group size of eight (unless state licensing requirements are more stringent). Standards related to staff development require that within one year of hiring, teachers of infants and toddlers must have a Child Development Associate credential (or equivalent) demonstrating "the training and experience necessary to develop consistent, stable, and supportive relationships with very young children."[9] Standards also cover qualifications for home visitors. EHS programs provide training for staff to help them learn about infant and toddler development and develop methods for communicating effectively with infants and toddlers, their parents, and other staff members.[10]

The infrastructure that supports program quality in Head Start is addressed in expectations concerning program governance; program planning; communication among staff, parents, and other entities; monitoring of child and family progress; and program self-assessment.

Monitoring for Flexibility, Compliance, and Partnership

The Program Performance Standards set clear standards for grantees while remaining committed to flexibility and meeting local communities' needs. Complementing the Program Performance Standards is a review process called the PRISM (Program Review Instrument for Systems Monitoring) that federal and local staff monitors use to "understand how each grantee brings the standards to life in a unique way."[11] A knowledgeable review team is charged with gathering data from direct observation and interviews with the program management team, staff, participating families, child care partners, and others. Reviewers share what they learn in team meetings through which they integrate and analyze data and build consensus. Because the review is conducted in partnership with the grantee, the process includes regular opportunities for staff to receive feedback from the review team, provide information, and respond to reviewers' concerns. The underlying premise of the PRISM process is that to make continuous improvements in their services for children and families, Head Start grantees need feedback on how they are currently doing in implementing Program Performance Standards. Given this information, grantee staff can work as a team to find solutions that are appropriate for their individual community, agency, children, families, and staff.

Monitoring Curriculum—A Case in Point

The tricky issue of "curriculum" in EHS illustrates the challenge of balancing quality, flexibility, and accountability. According to the Program Performance Standards, curriculum means a written plan that is based on sound child development principles about how children grow and learn, and includes (1) the goals for children's development and learning, (2) the experiences through which they will achieve these goals, (3) the steps staff and parents will take to help children achieve these goals, and (4) the materials needed to support the implementation of the curriculum.[6] When the review team focuses on curriculum in EHS, it looks at the

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interrelationships between management systems and services and discusses how staff and parents plan the curriculum for children. The team may ask, for example:

- Who is involved in planning for children's experiences and what are their roles?
- How are children's developmental assessments used in planning the curriculum and shared with parents?
- How are the training needs of teachers regarding curriculum implementation considered in the construction of the grantee's in-service training plans?
- How often are teachers observed, and how is feedback provided?
- What staff and community resources are available (and used) for training on curriculum implementation?
- How do fiscal operations support the implementation of the curriculum and the provision of training for teachers?

Questions like these encourage a more thoughtful, nuanced response than the name of the curriculum package that sits on the director's bookshelf. Such a dialogue can give programs the security they need to be creative in meeting child and family needs without straying from the program's key parameters.

Realizing the Early Head Start Vision

The initial impacts emerging from the evaluation of the new EHS programs are promising. Of particular interest to program evaluators and the policy community is the finding that EHS programs, even in the earliest years of this ambitious initiative, were able to implement the vision of EHS' creators. Programs substantially increased the receipt of child development and parenting services by low-income families in the communities studied. The EHS programs served nearly all families who enrolled and provided intensive services focused on child development and parenting to a majority of enrolled families. In addition, full implementation of the Program Performance Standards appears to support families' engagement with EHS services and to strengthen child and family outcomes.[1] One way of looking at the Program Performance Standards and the PRISM monitoring process is to see them as the load-bearing walls that rise from the EHS cornerstones to create a sturdy, stable structure for EHS.

Of course, EHS faces challenges. Recruiting and retaining competent staff is always a concern. The Advisory Committee noted in 1994 that "programs are only as good as the individuals who staff them."[12] Although EHS is working hard to train direct service staff, community partners, trainers, supervisors, program leaders, and federal staff, it will be no easy task to build capacity fast enough to sustain quality in an expanding initiative.[10] Additional challenges for EHS include meeting the complex needs, such as mental health needs, of

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some EHS families, and overcoming resource and regulatory barriers to create effective community partnerships. Still, EHS seems to be serving as a "beacon of hope," not only for enrolled and eligible children and families, but also for the community of researchers, practitioners, policymakers, and concerned citizens who are looking for effective ways to reduce risk and promote healthy development in the earliest years. As such, EHS may be able to sustain the commitment of its founders and first supporters while continuing to attract the human and material resources it will need to flourish in the future.

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Starting Points: State and Community Partnerships for Young Children

Michael H. Levine
Susan V. Smith[1]

In 1994, Carnegie Corporation of New York released a report called *Starting Points: Meeting the Needs of Our Youngest Children*,[2] which presented research evidence on a "quiet crisis" confronting children under age three in the United States. The report concluded that "an epidemic of inadvertent neglect" characterized the nation's response to children's fundamental needs, and it launched a challenge to America's pivotal sectors to take action to advance four key goals: preparation for responsible parenthood, improved preventive health care, quality child care, and stronger community planning and supports for young families.

Michael H. Levine, Ph.D., is executive director of the I Am Your Child Foundation in New York, NY.

Susan V. Smith, M.P.H., M.P.A., is director of special projects, Mailman School of Public Health, Columbia University.

The report received front-page coverage in many newspapers, and its findings contributed to the legislation that established the Early Head Start (EHS) program. (See the article by Fenichel and Mann in this journal issue.) Soon after, the 1994 congressional elections shifted additional responsibility and authority for social policy toward the states, and welfare reform legislation was enacted. Cognizant of these policy trends, Carnegie Corporation developed the Starting Points Initiative, which used both national and site-specific strategies to:

(1) Promote better understanding among policymakers, parents, and the public of the importance of the early childhood years;

(2) Encourage and monitor program and policy innovations in the field of early childhood; and

(3) Support emerging state and local leaders in early childhood education, health, and parent support.

This article offers a brief overview of the initiative and the lessons that have emerged from it.

Research and Public Education

On the national level, the Starting Points Initiative brought key research evidence about the needs of young children to the attention of policymakers and the public. Evidence from neuroscience, and developmental and cognitive psychology focused on the early years of life, was showcased at a national conference and in a report called *Rethinking the Brain: New Insights into Early Development,*[3] while other reports highlighted practical lessons about successful community mobilization from public health and community education campaigns.[4,5] The Starting Points Initiative forged partnerships with governors, mayors, legislators, and other state and local policymakers to advance early childhood reforms and collaborated with the Clinton administration in the planning of two White House conferences on early childhood development held in 1997.

Carnegie Corporation and a consortium of more than a dozen philanthropies and corporations also supported the national public awareness campaign, *I Am Your Child,* led by Hollywood film actor-director Rob Reiner and the New York City-based Families and Work Institute. The campaign disseminated research reports, community planning guides, videotapes, and a CD-ROM for parents of young children on early childhood and brain development; and it helped shape a special edition of *Newsweek* magazine titled *Your Child: Birth to Three.* As a complement to these national activities, state-based coalitions carried early childhood messages and materials to parents and practitioners in local communities.

State and Community Partnerships for Young Children

In selected states and cities, the Starting Points Initiative sought to turn research and public awareness into action by building state and city leadership networks for program and policy improvements. In 1996, Carnegie Corporation launched a program of competitive grants called the Starting Points State and Community Partner-

Table 1

Starting Points State and Community Partnerships for Young Children Major Project Components

Sites	Goal 1: Promote Responsible Parenthood		Goal 2: Guarantee High-Quality Child Care Choices		Goal 3: Ensure Good Health and Protection		Goal 4: Mobilize Communities	
	Expand comprehensive family resource centers	Develop parenting education and/or leadership training programs	Build high-quality child care systems	Create professional development and standard-setting systems	Expand high-quality health care for children and/or timely prenatal care	Enhance home visiting programs	Strengthen public/private partnerships for planning and sustainability	Sustain public education campaigns to build support for young children
Baltimore		■			■	■		
Boston	■	■	■		■		■	■
Colorado		■				■	■	■
Florida			■	■				■
Hawaii	■				■	■	■	
North Carolina			■	■			■	
Pittsburgh	■		■		■		■	■
Rhode Island	■		■		■	■		■
San Francisco	■		■				■	■
Vermont		■	■	■	■		■	
West Virginia	■			■		■		

Summary by the authors of the activities undertaken by the Starting Points sites during full implementation of the initiative, circa 1999–2000.

ships for Young Children. Initial funding supported alliances in 10 states and 6 cities that sought to implement the reforms called for in *Starting Points*. In 1998, seven of those states and four cities received grants to continue their work for two more years.

The initiative was designed to be catalytic, so the grants it provided were modest in size. A total of approximately $10 million in private funding was allocated over the four years, from Carnegie Corporation and local funding partners. Local foundation, business, media, university, and community leaders joined policymakers, parents, and professionals in attempting to design and sustain useful innovations and chart progress toward meeting the needs of families and young children. (See Table 1 for an overview of the major components of each project.) A forthcoming study by the National

Starting Points Centers offer health screening and care, parent and preschool education, information and referral services, employment counseling, home visiting outreach programs, and developmental screening.

Center for Children in Poverty highlights the progress in the sites and the major challenges to sustaining meaningful reforms.[6]

The accomplishments and the challenges that define this work are illustrated here in the work of two sites: Rhode Island and West Virginia. The Rhode Island effort illustrates how comprehensive legislation can create a framework for improving early childhood programs and policies statewide, while West Virginia's effort has created and expanded community-level programs for families with young children.

Rhode Island

Rhode Island's Starting Points project brings together an unusual public-private partnership involving the Governor's Office; the Rhode Island Departments of Health, Human Services, and Elementary and Secondary Education; the Rhode Island Foundation; the United Way of Southeastern New England; and Rhode Island KIDS COUNT, a statewide children's policy and advocacy organization. This leadership group came together in 1996, when comprehensive reforms in child care and health care for young children and families were being crafted by the Governor's Office and state legislative leaders.

Strengthening Child Care for Low-Income Families

In 1997, Rhode Island passed the Family Independence Program, model welfare reform legislation that emphasized the need for child care for parents returning to work by establishing entitlements to child care subsidies for low-income families. To improve the availability of good child care, the state also sought to increase the professionalism of the entire child care workforce. The legislation turned a spotlight on the critical role that family child care providers play in Rhode Island, as they do elsewhere, recognizing that child care providers constitute a significant subgroup within the ranks of the working poor. In response, Rhode Island became the first state in the nation to provide health care coverage to licensed family child care providers and their children.

Building on that beginning, in 1998, the state legislature passed comprehensive legislation that promoted the availability and affordability of high-quality child care. The program, Starting RIght, expanded the eligibility guidelines for child care subsidies to include families earning up to 225% of the federal poverty level and established child care networks to provide high-quality child care, health, mental health, and other social services to low-income children. To strengthen the child care system overall, Starting RIght extended health insurance coverage to staff working in child care centers, raised the rate the state pays to child care providers, and expanded funding for child care career development activities.

Broader Policy Reforms

These investments to improve child care were one aspect of broader efforts to use federal Medicaid and welfare funding in innovative ways. For instance, Rhode Island's health care program, RIte Care, significantly increased the number of children receiving health insurance. RIte Care produced rapid positive health results, including increased access to prenatal care, a decrease in smoking during pregnancy, and increased birth intervals.[7,8]

Rhode Island has emerged as a national leader in the development of public policies that serve low-income families with young children.[9] A key factor is the potent combination of people who worked on the reforms, including the skillful advocates at Rhode Island KIDS COUNT, leaders from the foundation sector and United Way, and insiders at all levels of state government.

Challenges Ahead

As Starting RIght and RIte Care are being implemented statewide and enrollments grow, the state must find financing streams to sustain these initiatives, even when an economic downturn hits. Governor Lincoln Almond, the legislature, and other groups are working

to ensure that the state's increased investments in early care and education will continue. With the new investments has come an increased commitment to measuring results, particularly with regard to school readiness. Rhode Island is developing reliable indicators to track child and family outcomes. The consensus built by leaders in the state brightens hopes that they can sustain the progress they have made in advancing a comprehensive early childhood initiative.

West Virginia

West Virginia has been a pioneer in developing cost-effective, innovative programs for children over the past decade. Its Governor's Cabinet on Children and Families, the first in the nation when it was established by former Governor Gaston Caperton in 1990, was created to reduce program fragmentation through a new system of family supports capable of responding flexibly to community priorities. In 1991, the cabinet established Family Resource Networks, which are local hubs that promote the planning, coordination, and improvement of comprehensive health, education, and social services. In 1996, with support from foundations and federal and state agencies, these networks began to provide expanded programs and services from the prenatal period through school entry through Starting Points Centers.

Starting Points Centers

Comprehensive centers were established within the Family Resource Networks in 18 of West Virginia's most isolated communities, where families often travel long distances to access basic health and education services. Reflecting the *Starting Points* report's recommendation that communities mobilize to create neighborhood family and child supports, the Starting Points Centers offer health screening and care, parent and preschool education, information and referral services, employment counseling, home visiting outreach programs, and developmental screening. Preliminary evaluation data show strong participation by low-income families; improvements in child health insurance coverage, immunization rates, and parenting skills; and increased use of nutrition and other community services.[10]

In July 1997, West Virginia's Starting Points Centers received a National Governors' Association award for outstanding design and innovation. Governor Cecil

New options for balancing public-private sector responsibilities are needed, as are new financing strategies and new mechanisms for governing and monitoring statewide and citywide children's initiatives.

Underwood, a Republican who assumed office in 1997, championed the establishment of centers in each of the state's 55 counties, gaining funding from the state legislature for an initiative that began under a Democratic administration. With the skillful leadership of entrepreneurial staff members and support from the legislature and community and parent groups, the governor's cabinet is developing innovative financing strategies to sustain and expand the centers.

Challenges Ahead

In West Virginia, a rural state with a very modest tax base and widespread intensive need for parenting and income supports, it will not be easy to secure the long-term viability of the Starting Points Centers. Challenges include finding resources to establish centers to reach all of West Virginia's counties, while improving the quality of the services provided at the centers. Tough choices must be made to keep the momentum for early childhood program and policy reforms moving forward, especially given the election of a new governor in 2000 and turnover among supportive state legislators who face term limits. As in Rhode Island, legislators have demanded information on the effects of their early childhood investments on young children, yet little reliable outcome data exists.

The West Virginia team must also provide local program leaders with dependable information and guidance about programs that work, while paying attention to the need for local decision making and innovation. This tension between state and local control is not unique to West Virginia; rather it is a balancing act that states and communities, that are engaged in early childhood program and policy planning, confront on a daily basis.

Sustaining the Momentum

In considering how the reform efforts stimulated by the Starting Points Initiative may unfold over the next several years, a few themes stand out.

Sustaining Public Awareness

Public understanding of the importance of the early years has grown substantially over the past five years, as measured by public opinion surveys and analyses of legislation and business sector activities.[11–13] To build on the momentum stimulated by Starting Points and related early childhood initiatives, the sustained attention of policymakers, elite opinion leaders, and the general public will be critical. The public's attention span can be short, however. New generations of policymakers, media, business, and community leaders, as well as new parents, must be engaged in the cause.

Relying on Public-Private Partnerships

The heightened interest in early childhood at the national, state, and local levels since 1995 is in large part due to alliances among government, philanthropy, and the private sector, and these alliances have been an important feature of many of the Starting Points' state and city projects. Some notable policy and program innovations have helped galvanize this approach, but such partnerships face challenges as well. New options for balancing public-private sector responsibilities are needed, as are new financing strategies and new mechanisms for governing and monitoring statewide and citywide children's initiatives.

Keeping Quality Programs at the Center

Parent education, child care, and health programs are all under substantial pressure to adjust to changing community circumstances. As the pressure to keep parents of young children in the labor market continues and the demand for child care rises, the quality of many child care programs may suffer. Many sites, for example, report a crisis-level need for infant care of reasonable quality. Teachers and caregivers often receive low pay, face increasing demands, and are not informed of evidence-based best practices. Improving program quality while increasing supply is a daunting challenge. Even so, in the long run, an emphasis on high-quality services is essential to sustaining public understanding and support for new investments in early childhood.

Developing New Measures to Track Progress

States and localities across the nation face demands to demonstrate child and family outcomes as quickly as possible. However, successful program improvement and policy reform efforts must be viewed as part of larger systemic reforms needed in education and health that will take time. Moreover, few appropriate and reliable indicators of young children's progress exist. As one response, many states are now developing and testing new interim indicators to track child and program results, which must now be synthesized in a "ready-to-use" format and disseminated widely.

Starting Points: A Comprehensive Blueprint

The *Starting Points* report introduced a new conceptualization of the needs of families and very young children from the prenatal period through the critical early years that focused on the interplay between healthy development, learning, and parenting behavior. The Starting Points vision of preparation for responsible parenthood, improved preventive health care and quality child care, and stronger community planning and supports for young families, still provides a solid blueprint for action.[14]

A variety of policy, program, and public education innovations are now being disseminated to share the best practices stimulated by the Starting Points Initiative. The strategies developed by these sites, and insights into the challenges they face, can guide the planning of private- and public-sector initiatives across the nation that respond to the needs of young children and their families.[15]

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Implementation of California's Children and Families First Act of 1998

Karen A. Bodenhorn
Deborah Reidy Kelch

When California voters passed the Proposition 10 ballot initiative in 1998, they set in motion an unprecedented experiment to reshape how California communities address the needs of very young children and their families. Since 1999, the California Children and Families First Act has dedicated nearly $700 million per year to services for children, prenatal to age five, through increased state excise taxes on cigarettes (an additional $0.50 per pack) and other tobacco products. By allocating 80% of the revenues at the county level to ensure that programs meet local needs and calling for an overhaul in the way services are developed, funded, and implemented, Proposition 10 has challenged the nation's largest state to embrace young children in a new way. (See Box 1.)

Karen A. Bodenhorn, R.N., M.P.H., is president and CEO of the Center for Health Improvement in Sacramento, CA.

Deborah Reidy Kelch, M.P.P.A., is president of Kelch Associates in Elk Grove, CA.

Proposition 10 is intended to foster opportunities for physical, emotional, cognitive, and social development for California's youngest children before they begin school. The Proposition 10 interventions are aimed at providing better outcomes for children in later years. The task in reaching out to California's diverse children and their families is daunting. In 2000, the state had nearly 2.8 million children ages zero to four. Importantly, in 2000, California ranked 45th among states and the District of Columbia in poverty among children and youths, and ranked 46th in health insurance coverage. Only one-half of children eligible are enrolled in Head Start.[1] Many California youths face stiff odds as they move through California schools—California ranks 46th in the percentage of 18- to 24-year-olds who complete high school and 48th in incarcerated juveniles.

As a result of Proposition 10 and concurrent changes in public understanding and recognition of the importance of the early years, California is now engaged in a fundamental shift in how government, service providers, and the public view and respond to the needs of young children in the state. In 1997, only 54% of Californian parents surveyed identified birth to age three as the time during which the greatest amount of brain development

Box 1

Proposition 10 at a Glance
California Children and Families Act of 1998

Purpose
Promoting, supporting, and improving the early development of children from the prenatal stage to age five, so that children begin school healthy, ready and able to learn, and emotionally well-developed.

Intent
To facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development.

Governance

- State Children and Families Commission

  Seven voting members appointed by: Governor (3), Speaker of Assembly (2), and Senate Rules Committee (2). Two nonvoting members: Secretaries of Education, and Health and Human Services.

  Duties: Statewide leadership, coordination, and policy development; technical assistance to County Commissions; research and evaluation; education and training for parents, child care providers, and other professionals; and public education and outreach.

- 58 Local County Commissions

  Independent volunteer commissions with five to nine members appointed by county board of supervisors.

  Duties: Adopt and submit to the State Commission a strategic plan consistent with state guidelines and purpose of the Act. Update annually. Prepare and submit annual audits.

  Hold public hearings on strategic plan and annual audits.

  Determine services, funding levels, and program contractors within broad guidelines.

Revenues
$0.50 per pack increase in cigarettes and increased taxes on other tobacco products.

Approximately $687 million in 1999–2000, with slightly declining amounts annually thereafter.

Allocated 20% to the State Commission and 80% to County Commissions based on percentage of statewide births.

Expenditures
State Commission must spend funds on mass media (6%), education (5%), child care training and education (3%), research and development (3%), administration (1%), and unallocated, excluding administration (2%).

County Commissions have broad discretion to spend funds to improve child development, child health, family support, and family functioning.

Funds must supplement, not supplant, existing service levels.

Sources: The California Children and Families Act of 1998; California Children and Families Commission. *Proposition 10 informational brochure.* Sacramento, CA: CCFC, 2000.

occurs. By 2000, 76% of Californian parents, when asked the same question, were aware that those early years are the most critical ones for brain development.[2]

Moreover, Proposition 10 has changed the landscape in California by involving new and diverse local participants in a common discussion about the needs of young children, and about innovative and promising strategies to meet those needs. What remains to be seen is whether or not this citizen-sponsored initiative can achieve the impact intended by its sponsors: to facilitate an "integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development."

This article reviews the Proposition 10 initiative, as well as the political campaign that led to its passage, and it offers some early observations on the challenges and opportunities presented as California moves to implement this new focus on very young children.

History of Proposition 10

The increasing public and professional awareness of the significance of the first three years of life for brain development and for long-term intellectual, emotional, physical, and social well-being was a major impetus for the development of Proposition 10. The 1994 groundbreaking report issued by Carnegie Corporation—

Starting Points: Meeting the Needs of Our Youngest Children—synthesized the research, documented the overall poor conditions for many very young children in the United States, and highlighted national recommendations for public and private policy change. Professionals, policymakers, and the public confronted the striking disconnection between the scientific knowledge of brain development and existing public spending, policies, and programs for children.

In California, actor and director Rob Reiner embraced the research findings and initiated the "I Am Your Child" public awareness campaign in 1997 to help make the welfare of children ages zero to three a national priority. Reiner concluded that without significant additional resources, the well-being of young children would continue to be addressed in a piecemeal, ad hoc way. Reiner brought together a broad-based coalition to place Proposition 10 on the California ballot. He enlisted the support of organizations—like the American Cancer Society, the American Heart Association, and the American Lung Association—that were interested in raising California's relatively low tobacco tax rate to further reduce tobacco use in the state. (See Box 2.)

Despite an intense $35 million opposition campaign waged by the tobacco companies, California voters passed Proposition 10 in November 1998. Members were appointed to the State Children and Families Commission, including Reiner, who was named by Governor Gray Davis to chair the new commission. When voters were asked to repeal Proposition 10 in a follow-up ballot initiative in March 2000, more than 70% rejected the repeal, reflecting the strong antitobacco sentiment among California voters and affirming public support for the early child development focus embodied in Proposition 10.

Box 2

The California Initiative Process

In 1911, California became the tenth state to adopt the initiative process. California uses a direct initiative process, which enables voters to bypass the legislature and have an issue of concern put directly on the ballot for voter approval or rejection. In recent decades, California voters have increasingly turned to the initiative process to pass significant and substantive policy changes, including major property tax reform through Proposition 13 in 1974, legislative term limits, constitutional limits on state spending, and elimination of bilingual education programs.

Local Planning by Diverse Communities

By relying on 58 local County Commissions to receive funds, set local priorities, and allocate 80% of the program resources, the Proposition 10 model represents a fundamental departure from most health, social service, and education programs administered at the county level in California. Under Proposition 10, there are no state mandates, funding formulas by program area, or state regulations prescribing eligibility or grant parameters. Each local commission determines local spending priorities under Proposition 10 that are "consistent with (broad) state guidelines," and each commission identifies and responds to local needs and service gaps.

The preference for local decision making and local program development is at the heart of the Proposition 10 model. California counties have historically had significant responsibility for administering state- and federal-funded programs, but local communities have never had such a large, ongoing source of flexible funding available for local priorities. (See Box 3.) Moreover, this is the first time that resources of this magnitude have been dedicated specifically to improving the lives of very young children.

To accomplish the daunting task of strategic planning, County Commissions assessed local needs and involved community members through hundreds of public meetings, focus groups, local surveys, and strategic planning sessions. Many counties implemented comprehensive outreach strategies to explain Proposition 10 to the public and involve hard-to-reach constituencies, such as the homeless, single parents, and teen mothers in the planning process.

Emerging from this unprecedented community-based planning process, County Commissions are now implementing a wide array of programs designed to meet local needs. For example, one county offers family support services to all parents of newborns discharged from hospitals, including at least one follow-up home visit by a nurse. Proposition 10 funds are being used to buy

Box 3

The California Model of Strong County Government

By relying on commissions organized at the county level, Proposition 10 built on California's experience with relatively strong county-level agencies that administer key education, health, and human service programs.

Under the California state constitution, the state's 58 counties have two primary areas of responsibility. First, the general purpose government function consists of providing services in response to local preferences, including libraries, transportation, and public safety. Second, as "agents of the state," California counties also have significant responsibilities to administer state- and federal-mandated services, primarily health and human services programs such as the Temporary Assistance for Needy Families program, food stamps, and mental health services. These programs are funded, in large part, through subventions sent by the state and federal governments to counties but, unlike the Proposition 10 model, the programs must be carried out in a very specific manner, and they are subject to detailed regulatory oversight by the sending government.

Sources: The California Constitution; Silva, J. F. and Barbour, E. *The state-local relationship in California: A changing balance of power.* California: Public Policy Institute of California, 1999.

medical equipment, sponsor vans to bring health care to remote rural areas, hire resource development specialists to find funds for health services, and provide prenatal care services, subsidies for child health insurance, and breast-feeding promotion programs. The list of programs is as diverse as California's communities and populations.

A "school readiness" emphasis is emerging in Proposition 10 programs, and so County Commissions are investing in programs to improve the capacity, accessibility, and quality of child care. Viewing these as critical early learning environments for young children, local commissions support new buildings and capital improvements, training and education incentives for child care workers, business development for providers, and preschool scholarships for low-income children.

Specific child care efforts funded by local County Commissions include:

- A Mobile Early Childhood program serves San Benito County, a sparsely populated county where 50% of the children live in rural isolation. There are no child care centers or preschools in the southern part of the county, where all child care is provided in homes. The program supports a bilingual early childhood teacher who travels to remote areas, including migrant worker communities and isolated cattle ranches, to train parents and caregivers on developmental activities for preschoolers that will enhance their kindergarten readiness. School nurses are also part of the team, offering immunizations, early screening programs, and general health and wellness services.
- An Educator Support Project in Nevada County focuses on recruiting, training, and supporting early childhood educators who work in county child care settings and preschools. To support their educational or professional growth activities, program participants receive career planning services; cash stipends; and child care, health, or other benefits. In addition, the Nevada County Children and Families Commission funded two mobile service vans to bring child development training to family child care homes and transport interns to child care centers.
- The Alameda County Early Care and Education Program established a "Child Development Corps" to award stipends to child care teachers and providers based on progressive levels of educational attainment. In 2000, the program provided stipends to 2,500 child care professionals, established several training programs, and distributed child care assessment tools to more than 2,000 teachers and providers. The California legislature approved a statewide pilot program called CARES (Compensation and Retention Encourage Stability, AB 212) to provide stipends similar to

Proposition 10 envisioned a unique state and local partnership... that would focus on achieving results through innovation.

those in the Alameda program to providers of subsidized child care. The State Children and Families Commission has set aside matching funds for CARES counties that augment stipend programs to keep trained child care staff working in the field.

- In May 2000, the Los Angeles County Commission allocated $12 million over three years for grants to support provider training; accreditation activities, supplemental services in child care settings such as dental and mental health care, and to pay for supplies, equipment, and technical assistance. In September 2000, the Los Angeles County Commission allocated another $59.1 million over three years for grants to large and small child care providers to improve child care and early learning opportunities, and to move toward a comprehensive child care system in the county.

Shared State/County Leadership

Proposition 10 envisioned a unique state and local partnership that would begin with local planning, not with a new statewide program, department, or system; and that would focus on achieving results through innovation. A central challenge has been learning how to accommodate 58 different County Commissions with individualized strategic plans and a State Commission with its own legislative mandates and funding, while developing one publicly recognizable Proposition 10 program. The State and County Commissions have entered into a voluntary partnership based on their common mission rather than organizing around a traditional mandated relationship. This developing partnership has yielded a shared commitment to the overarching Proposition 10 goal: Children healthy, ready for school.

The State Commission's Role

The State Commission serves as a supportive partner to County Commissions, providing state-level leadership and coordination, and collaborating with the state agencies involved in services for young children.[3] The State Commission offers counties technical assistance on statewide issues, disseminates the latest research and best practices, conducts statewide media and public education campaigns, and administers several funding initiatives to support the goals of Proposition 10.

One of the first programs to receive State Commission funds in early 2000 was the Early Steps for Reading Success program. Early Steps helps young children become proficient readers by educating child care providers and caregivers in early literacy techniques and skills. State Commission initiatives also include expanded training for child care providers in underserved areas, matching grants to the County Commissions that increase compensation of child care providers, an asthma control initiative, and supplemental funding for literacy programs for at-risk and hard-to-reach children. The State Commission is also working with the Joint Legislative Committee to incorporate early childhood development and school readiness features into California's Master Plan for Education.

As part of its public education responsibility, the State Commission allocated nearly $40 million per year over three years for media and community outreach to achieve three aims: (1) inform communities about the services available under Proposition 10, (2) communicate the importance of early childhood development, and (3) educate the public about the harmful effects of tobacco and environmental tobacco smoke on pregnant women and young children. The media program includes press relations, technical assistance to county commissions, production of collateral materials, paid media coverage, and partnerships with companies and community groups.

The County Commissions

In June 2000, the lead staff of the local County Commissions came together and formed the California Children and Families Association as a private nonprofit organization to promote early childhood development through Proposition 10's effective implementation, and to more fully realize the opportunity for partnership between the State and County Commissions. The association provides technical assistance to County Commissions and serves as a statewide forum for information exchange, policy evaluation, coordination, and sharing of best practices. It offers advice to the State Commis-

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sion on policy development and advocates for young children and families. The association meets monthly in conjunction with State Commission meetings.

Foundation Support for Innovation

California-based foundations, many of which support early childhood development initiatives and family-focused service integration projects, became major partners early in the implementation of Proposition 10. Foundations funded local planning efforts and community outreach in some communities and spearheaded the development of the Proposition 10 Technical Assistance Center from December 1999 to December 2000. The center provided on-site and regional technical assistance, consulting services, and information to local commissions as they developed their strategic plans. A $1.86 million grant made in early 2001 to the new statewide association supports continued targeted technical assistance services, as well as the association's infrastructure and development. Other collaborative foundation projects include (1) resource development related to inclusive governance and results-based accountability, and (2) a civic engagement project helping selected counties draw minority and special populations into their strategic planning processes.

Integration: Being Creative and Strategic

Proposition 10 not only dedicated new resources to the development and well-being of young children, it also envisioned that the new funds would leverage existing programs and services and weave them into a more integrated and consumer-friendly system of services for young children and their families. The flexible, locally driven funding under Proposition 10 can be used strategically to complement existing programs and funding. Local communities are free to create new "cross-cutting" projects that bring together resources from different programs and staff from different disciplines and agencies concerned with children and families. Reiner, chair of the State Commission and the initiative's chief spokesperson, describes the flexible Proposition 10 revenues as the "glue money" facilitating improved communication between agencies as different as health care, law enforcement, child care, education, and social service agencies.

Agencies and organizations are talking to one another. County Commissions are funding services and programs that cross over traditional program and agency boundaries, and using Proposition 10 funds to help independent agencies and organizations improve coordination and integrate their services for children and families. Counties are also exploring Proposition 10 funding strategies that draw down state or federal matching funds, or attract funding from private sources.

Still, an ongoing challenge for those involved in Proposition 10 is to look for creative and innovative integration opportunities and strategic investments, while acknowledging significant gaps in the basic services children and their families need. There is tremendous pressure on County Commissions to address unmet needs for basic services, such as quality child care, health care, educational programs, and family support. Although the resources of Proposition 10 represent a significant commitment to the early childhood years, they are insufficient to fill all of the existing service gaps.

Accountability: Measuring Success

Built into Proposition 10 is the explicit requirement that the State and County Commissions focus on "measurable outcomes for programs, services, and projects using . . . appropriate reliable indicators." All commissions must conduct annual audits that include

not only the purposes for which funds were expended, but progress toward specific goals and objectives and measures of specific outcomes.

The State and County Commissions are collaborating to implement this outcomes-based accountability approach. The State Commission is taking a lead role in evaluation, working to develop a set of core indicators tied to three strategic results (improved family functioning, child development, and child health) that can be tracked and measured statewide to provide a meaningful picture of Proposition 10 outcomes. County Commissions are working to incorporate outcome indicators and measurements in their strategic plans, and in their contracts and relationships with local grantees.

Proposition 10 accountability is challenging data systems at the state, local, and provider levels. In many instances, the systems lack the capacity to generate accurate baseline data on key indicators, such as child health status, housing, child care needs, and the education and employment status of parents. Given the visibility of Proposition 10, observers worry that public and political expectations may not allow the time needed to create real outcomes, and may be unrealistic about what can be accomplished with the funding available. Even so, the process of developing accountability systems provides a challenge and an opportunity to use the results for organizational learning and program improvement. The emphasis on results-based accountability also creates opportunities for coordination, collaboration, and cooperation at the state and local levels.

Conclusions

At this relatively early stage, it is clear that California communities are working to live up to the spirit of Proposition 10—this is not "business as usual." County Commissions embraced this spirit from the start, with highly visible and inclusive public planning efforts, and with funding strategies focused on filling gaps, creating linkages, and measuring outcomes. One early lesson from Proposition 10 is that success in accomplishing the initiative's ambitious goals will require creativity, leadership, commitment, and persistence at all levels of California government and society.

Local communities are engaged in an unprecedented effort to develop and maintain the requisite leadership, capacity, and public consensus on new ways of delivering services and programs to children and families. From state government must come leadership in better integrating existing state services and funding for children under age five, and ensuring the flexibility to support local innovation and coordination strategies. State and local leaders will continue to be challenged by Proposition 10's unique governance structure.

California voters have twice affirmed their support for a comprehensive response to the needs of very young children. While the state has come a long way in a relatively short time, implementation has only just begun. The jury is still out—and most likely will be for some time—on whether or not the promise of Proposition 10 can be achieved. What California does, and the results it ultimately reports, will inform the national knowledge base about early childhood development and highlight both the benefits and the shortcomings of flexible funding, infused with community-based planning, to improve the quality of life for children in their earliest years and beyond.

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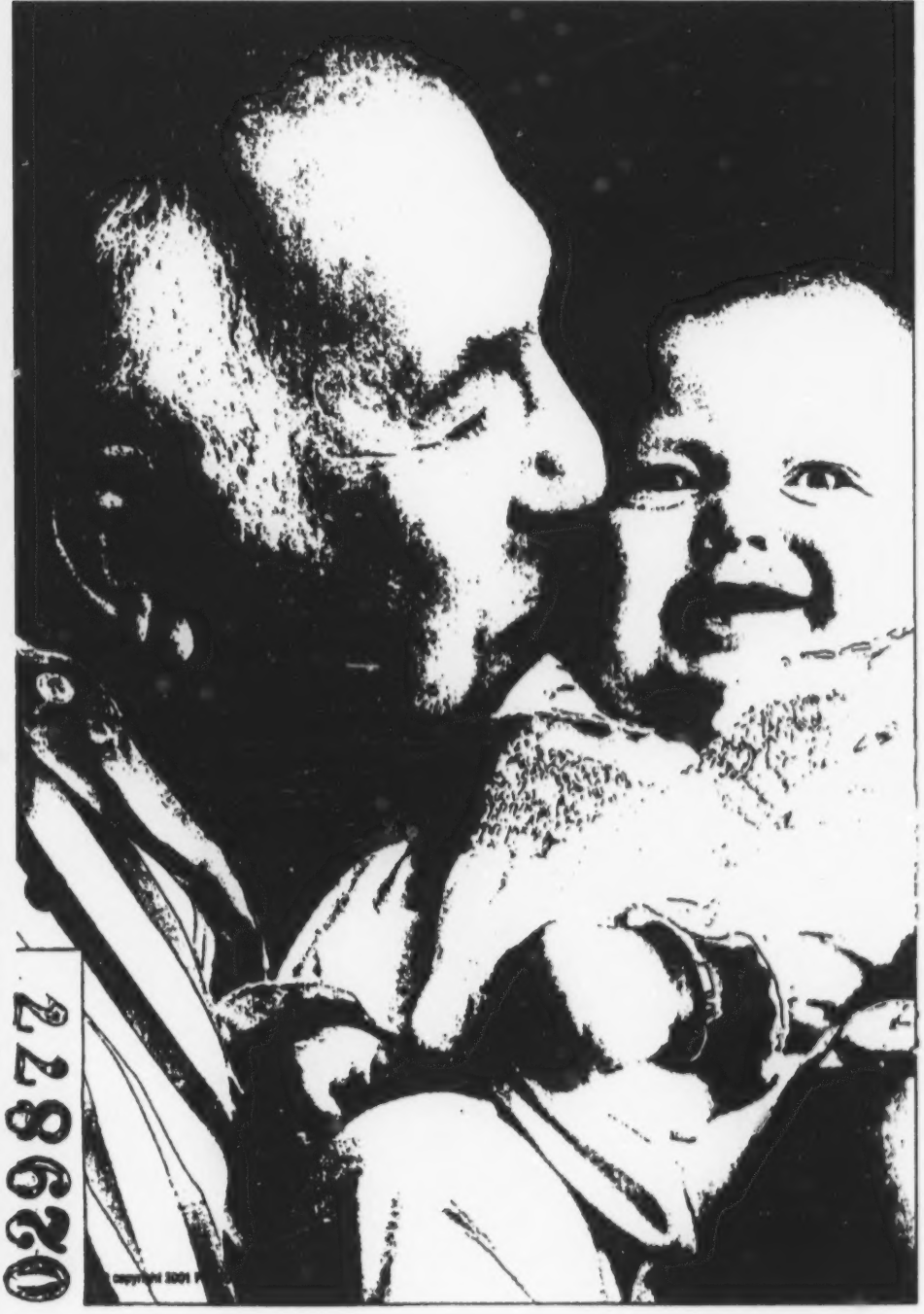

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The Future of Children

Volume 11 – Number 1
Spring/Summer 2001

EXECUTIVE SUMMARY

Caring for Infants and Toddlers

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The David and Lucile Packard Foundation

Caring for Infants and Toddlers: Analysis

During the first three years of life, the infant's brain and body, mind and personality take shape, influenced by everyday experiences of learning and nurturing provided by parents and other caregivers. But how is caregiving itself managed by today's families now that more than 60% of mothers with infants and toddlers are employed?

This journal issue considers the caregiving options and supports available in the United States and abroad to families with children under age three—including parental leave and child care. It assesses the strengths and limitations of the options available in the United States and recommends improvements to help families of all income levels give their babies the best start possible in life.

People Matter Most to Early Development

The United States has 11 million infants and toddlers, with 4 million births each year.

- Development during the first three years is dramatic, rapid, and important. It lays the foundation for later cognitive accomplishments, social skills, self-esteem, and respect for others.
- People offer the critical inputs for infant development—food and physical safety, comfort and reassurance, playthings and challenges, language and social feedback. More than anything else, relationships matter to babies.

Mothers in the Labor Force

The last 50 years have reconfigured the roles played by mothers of very young children. Now most mothers combine caregiving and employment.

- 61% of mothers with children under age three were employed in 2000, compared with just 34% in 1975.
- Mothers with jobs and new babies typically return to work just three months after giving birth.
- Maternal employment trends reflect the continued influence of many factors:
  - work requirements are now imposed on welfare recipients,
  - the erosion in men's wages has jeopardized family incomes,
  - the risk of divorce and poverty prompts women to secure work experience,

- career aspirations motivate women as well as men.

- In two-parent families, mothers contribute about one-third of the family's income—families with two workers earn around $24,000 more than the $36,000 earned when only one parent works.

- Public opinion, however, lags behind these trends. By margins of 3:1 or 4:1, the American public prefers that a parent (usually the mother) remain home to care for very young children—except if the mother's income keeps the family off welfare.

Dramatic Shifts in Caregiving

- Close to 6 million infants and toddlers are regularly cared for by someone else while their mothers work, many beginning as early as three months of age. Very young children spend an average of 25 hours a week in child care.

- When mothers are working, 27% of infants and toddlers are regularly with their fathers, 27% are with relatives, 22% attend child care centers, 17% go to family child care homes, and 7% are with nannies.

- The use of centers as a source of care for children under age three has nearly tripled since 1977.

- Children benefit from care in safe surroundings with ample verbal and cognitive stimulation, responsive caregiving, and plenty of attention. But of all child care services, care for infants and toddlers is the most scarce, expensive, and disappointing from a quality perspective.

  - For a one-year-old, care in a center or licensed home costs almost $6,000 per year.

  - Half the child care settings (homes and centers) serving infants and toddlers are rated by researchers as poor or just fair in quality.

Creating an Array of Stronger Supports

Public ambivalence about how families should balance employment and caregiving for very young children has impeded realistic debate about the care of infants and toddlers. However, the 1990s brought about two important policy initiatives that strengthen the caregiving options available to families: family leave and expanded subsidies for child care.

- The Family and Medical Leave Act, passed in 1993, guarantees many employees of larger companies the right to take 12 weeks of job-protected but unpaid leave to care for a newborn (among other family concerns). The law's scope, however, is limited:

  - The law applies only to companies with 50 employees or more, and to individuals who have worked for that employer for 12 months and 1,250 hours.

  - The law requires only unpaid leave, which many workers cannot afford to use.

  - Low-income workers are the employees who are least likely to be covered by the law, to take leave, and to be paid during leave.

- The federal Child Care Development Fund provides subsidies to help low-income families pay for child care. Combined federal and state funding for child care subsidies tripled during the 1990s.

  - In 1998, child care subsidy funding amounted to $5.2 billion in state and federal dollars.

  - About 500,000 infants and toddlers were among the 1.8 million children whose families received subsidies.

- Even with increases throughout the 1990s, however, the subsidies reached only 12% of the 15 million children estimated to be eligible for assistance.
- The subsidy program helps families pay for all types of child care, but it does little to improve the quality of the care that is available.

Both of these government policies, the Family and Medical Leave Act and the Child Care Development Fund, help families balance work and caregiving. The recommendations that follow suggest ways of extending their reach and strengthening their provisions.

This analysis stresses the role of government, although a growing number of private employers have instituted policies to help families manage both work and family concerns. Such private efforts do not reach the majority of American families and cannot substitute for government action. We look to our elected officials and the agencies they lead to offer families of all income levels equitable access to good caregiving options, so they can give their babies the best start possible in life.

Recommendations

RECOMMENDATION 1

School readiness investments should encompass supports for the healthy well-rounded development of infants and toddlers as they master the social, emotional, and cognitive skills required for success in school and beyond.

RECOMMENDATION 2

Impacts on young children's access to attentive, nurturing care should be a key criterion when policies that affect adults with caregiving responsibilities are evaluated.

RECOMMENDATION 3

Government policies should assure that all families have supports for childrearing during the first years of life, including leaves for parents who choose to be home and access to good child care that is safe, affordable, and appropriate to the child and family.

RECOMMENDATION 4

State and federal governments should extend the protections of the Family and Medical Leave Act to workers in midsized and eventually small businesses.

RECOMMENDATION 5

State and federal governments should provide income to those who take family leave for newborn care through a funding pool that combines public funds with contributions from employers and employees.

RECOMMENDATION 6

No state should require welfare recipients to work before their babies are six months old. A one-year exemption from work requirements is more appropriate, given the disproportionate difficulties faced by poor, single mothers of infants.

RECOMMENDATION 7

Public funding for child care subsidies should be significantly expanded and then sustained.

RECOMMENDATION 8

The federal government should significantly increase the share of the Child Care Development Fund that is earmarked for quality improvements and link that percentage to future expansions in subsidy funding.

RECOMMENDATION 9

Appropriate strategies for informing and supporting those who care for infants and toddlers should be supported with public funds and put in place to strengthen caregiving by child care centers, licensed family child care homes, relatives, and parents.

Article Summaries

Development in the First Years of Life

Ross A. Thompson, Ph.D.

The foundation for any discussion of how we care for infants and toddlers must be the interests and needs of the children themselves, so this article provides an overview of development during the first three years of life. The author describes the physical, cognitive, social, and emotional achievements of infancy, and reviews the interplay between inborn growth processes and the ways in which development responds to children's environments and experiences. Arguing that caregivers (both parents and child care providers) are the essence of the infant's environment, the author concludes that society should take a more supportive stance toward the families and caregivers on whom infants depend.

Child Care and Our Youngest Children

Deborah Phillips, Ph.D., and Gina Adams, M.A.

This article uses data from new, national studies of families to examine the state of child care for infants and toddlers. These studies have yielded complex findings, but the article lifts up key themes with respect to children's early exposure to child care, the impacts that child care experiences have on development, and the difficulty that families have in finding high-quality care for their infants and toddlers. Overall, the authors explain, child care settings where quality is compromised are distressingly common, and children in working-poor families are the group most often exposed to poor-quality care. The authors call on communities, businesses, and government to give more support to parents as they seek the right care for their infants and toddlers.

Caring for Our Youngest: Public Attitudes in the United States

Kathleen Sylvester, M.A.

This article summarizes the results of public opinion polls about parent and government responsibilities with respect to children's care. The author explains that the American public would prefer to see a stay-at-home parent as the primary caregiver for young children, but also emphasizes family self-sufficiency. Therefore, there is public support for providing child care assistance to help low-income families manage employment. More generally, however, skepticism about government involvement in family life limits public support for direct policy action to provide or improve child care. Drawing on these lessons, the author urges policymakers to respect the rights of parents of infants and toddlers by providing a flexible array of caregiving options and public programs, especially for families that are struggling economically.

Employer Supports for Parents with Young Children

Dana E. Friedman, Ed.D.

This article examines the supports that employers provide to help parents with young children juggle demands on their time and attention. It reviews the availability of traditional benefits, such as paid vacation days, and newer family-friendly initiatives like flextime and on-site child care. Evaluations suggest that such initiatives can improve staff recruitment and retention, reduce absenteeism, and increase job satisfaction. However, the low-income workers who need assistance the most are the least likely to receive or take advantage of it. The author concludes that the most valuable workplace benefit for employees is a family-friendly workplace culture, with supportive supervision and management practices.

Federal and State Efforts to Improve Care for Infants and Toddlers

Jane Knitzer, Ed.D.

Can government help mothers and fathers manage their economic and parenting responsibilities? This article examines how federal and state governments currently act as partners with the parents of young children—through tax policies, family leave mandates, cash benefits and subsidies, and funding for direct service programs. The author finds that while significant federal policies focus on the economics of family life, far less policy attention addresses the challenges that parents face as caregivers. Child care, despite its importance for children's development, is seen by policymakers primarily as a service that enables parents to work, and so opportunities to promote child development through high-quality care go untapped. However, some states have creatively combined federal and state resources to provide new services for infants and caregivers.

International Policies Toward Parental Leave and Child Care

Jane Waldfogel, Ph.D.

Looking abroad, this article compares policies regarding parental leave, child care, and flexible early childhood benefits in ten modern industrial nations in North America and Europe with those offered in the United States. The author finds that this country offers the least support of any kind to families. Interesting variations exist among the other nations in the emphasis they place on parent leave versus child care supports for families with children under age three. Each policy mix creates incentives that influence parents' decisions about employment and child care. The author urges the United States to adopt universal, paid parental leave; help parents cover more child care costs; and improve the quality of the child care that is offered.

Reports from the Field

These short articles focus on action and innovation by describing new efforts to strengthen the care given to the nation's youngest children. These are not reviews of research but stories written from the point of view of participants, promoters, and leaders. The first three reports address the dilemmas parents face as they juggle work demands with the daily care needs of their babies and toddler. They describe family leave, reliance on relative caregivers, and the comprehensive child care system established by the military. The last three reports document ambitious efforts to integrate and enrich the array of services that specific communities offer families with very young children. Taken together, these six descriptive accounts illustrate the excitement and struggles facing those who set out to create new supports and options for families as they care for the youngest members of our society.

- **Family and Medical Leave: Making Time for Family Is Everyone's Business**
  Lauren J. Asher, M.P.A., and Donna R. Lenhoff, J.D.
- **Child Care Within the Family**
  Caroline Zinsser, Ph.D.
- **The Military Child Care Connection**
  M.-A. Lucas, M.Ed.
- **Early Head Start for Low-Income Families with Infants and Toddlers**
  Emily Fenichel, M.S.W., and Tammy L. Mann, Ph.D.
- **Starting Points: State and Community Partnerships for Young Children**
  Michael H. Levine, Ph.D., and Susan V. Smith, M.P.H., M.P.A.
- **Implementation of California's Children and Families First Act of 1998**
  Karen A. Bodenhorn, R.N., M.P.H., and Deborah Reidy Kelch, M.P.P.A.

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